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EC TRANSITION

Judgments of Service Coordinator Practices and Transition-Related Outcomes for Children and Families

Annie George-Puskar, PhD

University of Connecticut, 2018

The transition between IDEA Part C early intervention and Part B 619 preschool special education is one of many transitions experienced by young children with disabilities and their families. Previous research and the extant literature in early childhood transitions have identified the difficulty parents experience in the shift from one service delivery system to another and the complicated process that is involved for all stakeholders (Bruder, 2010; Rosenkoetter, Hains, & Dogaru, 2007). Transition is a continuous process, not a discrete event, and Part C service coordinators are charged with facilitating the early intervention transition process for children and families (IDEA, 636. 20 USC § 1436, 2004). An exploratory study was conducted to better understand service coordinator reported practices and child and family transition outcomes using case study research methodology. Eleven Part C service coordinators in Connecticut were interviewed about their experiences working with families during the transition process as families exited Part C programs. The participating service coordinators described judgments of their experiences with two families, a family for whom the transitions went well and a family for whom the transition did not go well. Preliminary data reduction was conducted using a categorization and theming process with the outcomes and practices described in the service coordinator interview data. Results of the iterative qualitative process identified successful and unsuccessful outcomes, as reported by service coordinators, of family transition experiences,

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including continuity of service, parent preparedness, and parent satisfaction with preschool programs. Results from a qualitative analysis suggest that service coordinator practices for both reported successful and unsuccessful transitions and identified themes of communication and collaboration. Results of quantitative analyses showed that the consistent use of communication and collaboration service coordinator practices were related to reported successful transition-related outcomes for children and families. In contrast, practices implemented with less consistency showed reported transition outcomes to be less successful. Quantitative analyses of 22 family experiences indicated a higher proportion of families classified as low income and higher proportions of children with more severe disabilities experienced unsuccessful transitions. Future research should validate the service coordinator reported transition practices and child and family outcomes. Future research should also address the perspectives of transition experiences of preschool providers from special education and general education or community-based programs that are receiving programs for children exiting IDEA Part C. The results from this exploratory study can be used to guide future research and look to address service coordination training needs, such as understanding the knowledge service coordinators have about receiving preschool programs available to families.

Judgments of Service Coordinator Practices and Transition-Related Outcomes for Children and
Families

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A Dissertation

Submitted in Partial Fulfillment of the

Requirement for the Degree of Doctor of Philosophy at the

University of Connecticut

2018

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APPROVAL PAGE

Doctor of Philosophy Dissertation

Judgments of Service Coordinator Practices and Transition-Related Outcomes for Children and
Families

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Dedication

For Gabriel and the Cauvin Family

Thank you for bringing me into your family and the field of special education.

Acknowledgements

This degree program has been funded by a leadership grant through the Office of Special Education Programs (OSEP) at the United States Department of Education. I am grateful for their investment in the future of the field of early childhood intervention/early childhood special education. The journey to complete a PhD is a collective effort and it would not have been possible without support and guidance at each step. I would like to acknowledge so many, but in particular:

- Dr. Mary Beth Bruder for her guidance, advice, and expertise over the past several years. I am forever grateful for her providing me the opportunity of this program, believing in my ability, supporting me in reaching the rigor and high expectations of completing a PhD, all while keeping me rooted in my values.
- Dr. George Sugai for his feedback and asking questions to make my research and writing stronger throughout my program.
- Dr. Carl Dunst for his expertise in methodology and data analysis in research, as well as his willingness to listen to all of my questions.
- Dr. Mike Coyne for believing in my project and his willingness to be on my advisory committee.
- Dr. Sandra Chafouleas and Dr. Nicholas Gelbar for serving as readers on my committee and providing support the research and writing through the entirety of my program.
- My fellow colleagues at the UConn UCEDD for all of their support and friendship over the last several years (Linda Proko and Christine Jozef).

- The UCEDD Early Childhood team (Bethanne Vergean, Gabriela Freyre-Calish, and Anne Marie Davidson) for providing me with knowledge and opportunities to build my experiences.
- My fellow Early Childhood doctoral students (Betsey Howe and Chelsea Panse) for being incredible resources for support and laughs throughout my program;
- To my friends Dr. Erika Baril, Dr. Laura Kern, and Dr. Tara Lutz for being a sounding board and support through the process of getting through a PhD program and writing a dissertation.
- To Scott Fellows for being an objective and supportive editor.

I owe an extreme amount of gratitude to my family and friends. In particular:

- My mom and dad, Colleen and David George, who always told me to make a difference in the lives of others.
- My sister, Sarah George, who inspires me every day in perseverance and dedication to her passion.
- My in-laws, John and Pam Puskar, and brother and sisters in-law (Mike, Madeline, and Lauren) for their support and pride in my work.
- All of my friends, here in Connecticut and far away, for helping me stay grounded in maintaining a life balance.

Finally, saying thank you is not enough to give appreciation to my husband, John. His support is never-ending and his unconditional love for our life together is inspiring each day. I am forever grateful for him diving into this adventure with me, and for all of his dedication to making it work, especially over the last several months as we entered parenthood and welcomed our son, Jack, into the world in December 2017.

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Chapter I: Introduction

The Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilities Education Act (IDEA) (P.L. 108-446; IDEA, 636. 20 USC § 1436, 2004) provides services to eligible children who are ages birth to three (birth-3). At 3-years-old children exit from the program and may continue to receive preschool services under Part B of IDEA if they continue to demonstrate a delay in one or more areas of development. If they no longer qualify for services under IDEA, they may move into a community-based preschool. This movement between Part C of IDEA and preschool is an example of a vertical transition. Vertical transitions are those transitions that happen over time and horizontal transitions are the transitions that are more frequent, with movement across settings (Kagan, 1992; Kagan & Tarrant, 2010). For children who are experiencing a transition the caregiving family must be seen as the constant in the child's life and the primary unit for service delivery (Shelton, Jepson, & Johnson, 1987).

The published research and extant literature include varied definitions of transitions in early childhood intervention. Lillie and Vakil (2002) defined transition as the “organized and planned movement from one set of service provisions (early intervention) to another set of service provisions (preschool services)” (p. 53). Under IDEA transition is defined as “a coordinated set of activities for a student, designed with an outcome-oriented process, that promotes movement from [one educational setting to the next]” (IDEA, 636. 20 USC § 1436, 2004). Another definition in the literature is from Bruder and Chandler (1993) who described a successful transition as a series of well-planned steps to facilitate movement of a child and family into a different service mode. The Bruder and Chandler (1993) definition of transition was used in the development of The Division of Early Childhood (DEC) of the Council for

Exceptional Children's (CEC) initial set of recommended practices for working with infants, toddlers, and preschoolers with disabilities and their families. The DEC's most recently revised and published set of recommended practices defined transition as "the events, activities, and processes associated with key changes between environments or programs during the early childhood years" (DEC, 2014, p. 15). In an effort to broaden the understanding of the concepts of transition, Bruder (2010) referred to the Merriam-Webster's Collegiate Dictionary's (2010) definition of the word transition which is "1) a passage from one state, stage, subject, or place to another; 2) movement, development, or evolution from one form, stage, or style to another" (p. 68).

The definitions of transition listed above each include the key aspects in planning the transition and the movement from one service to another. Transitions in early childhood intervention are not single occurring events but rather a dynamic process (Chandler, 1992). Although the aforementioned definitions of transition have similarities, defining the transition process for children and families is key to further research in this area. For this study the definition by Bruder and Chandler (1993) was adopted to guide the literature review and research methodology. The Bruder and Chandler (1993) definition include the key aspects of planning a transition, the implementation of a transition plan, and the movement across/between service delivery provisions for young children with disabilities and their families.

The field of early childhood intervention has a rich history based as a result of accumulated research. Transition is but one component of family experiences in their involvement in early intervention. Transitions in early childhood intervention are complicated because families are attempting to navigate the various philosophies, eligibility criteria, professional disciplines, and settings for service delivery of a multitude of programs (Bruder,

2010; Fowler & McCollum, 2000). Transitions are unique to each family; however some families may experience a more successful transition and others may experience a less successful transition. Before addressing the literature specific to early childhood intervention transitions (Chapter II), it is important to understand the intricacies of early childhood development and the history on which the early intervention system is built. The focus of this chapter is on (a) early childhood intervention, including the theoretical foundations of early childhood intervention and a history of early childhood intervention law, including IDEA Part B 619 and Part C; (b) the early childhood intervention system including the early childhood intervention system in Connecticut; and (c) a statement of the problem.

Early Childhood Intervention

Early childhood refers to the developmental period of children age birth to eight years old (National Association for the Education of Young Children [NAEYC], 2009). During these early years of development infants and young children progress along a predictable pattern of growth (Bruder, 2010; McLean, Sandall, & Smith, 2016). Growth occurs across multiple areas of development and is most often represented and documented according to the type of behavior observed and categorized across developmental domains. For example, the physical development domain is categorized into gross motor (the large muscle motor system) and fine motor (the small muscle motor system). Other developmental domains are cognitive development, communication development, social or emotional development, and adaptive development. These developmental domains are the accepted domains in the field of early childhood and are categorized in the Individuals with Disabilities Education Act of 2004 (P.L. 108-446) (IDEA, 636. 20 USC § 1436, 2004). Though these developmental domains can be separately identified, infants and young children seldom progress within a developmental domain

in isolation (Guralnick, 2011). Children following a typical trajectory of development will reach expected behaviors within a specific timeframe, known as developmental milestones (Bredekamp & Copple, 1997; NAEYC, 2009).

Regardless of how children's development is categorized there are some young children who may experience a delay or deviation in the predictable pattern of developmental behaviors across one or more domains. Children may be experiencing a developmental delay due to one or more risks, including biological risks, environmental risks, or established risks (Tjossem, 1976). Each type of risk, occurring separately or together, can impact a child's development and a child reaching developmental milestones across domains. Biological risk refers to events impacting the biological development of children, such as premature birth, low birth-weight, infections, malnutrition, lead poisoning, or head injuries (Anderson et al., 2003; Guralnick, 2005; Sameroff, 1975; Shonkoff & Meisels, 2000). Environmental risk refers to the environmental factors that may negatively impact the development of children. Examples of environmental risk include poverty, environments without stimulation, and inconsistency in caregivers at home (Barron & Ncube, 2010; Halpern, 1993; Walker et al., 2011). Likewise, family characteristics such as single-parent households, parents with mental health challenges, and chronic violence between family members are considered environmental risks (Cicchetti & Lynch, 1993; Guralnick, 1998; Sameroff, 1975). Lastly, established risk refers to a condition that has a high likelihood of resulting in a developmental delay or disability because of a genetic or chromosomal birth condition or a congenital infection (Lipkin, 1996; Shonkoff & Meisels, 2000; Winzer, 2007). Each individual is unique in how each risk, or combination of risks, impacts developmental outcomes (Fujiura & Yamaki, 2000; Rutter, Moffitt, & Caspi, 2006; Sameroff & Seifer, 1983).

Infants and young children experiencing developmental delays or disabilities because of one or more risk factors often need remedial or compensatory intervention to target developmental outcomes (Majnemer, 1998). Early childhood intervention, defined by Dunst (2007), is

[T]he experience and opportunities afforded infants and toddlers with disabilities by the children's parents and other primary caregivers that are intended to promote the children's acquisition and use of behavioral competencies to shape and influence their prosocial interactions with people and objects. (p. 162)

The impacts of early childhood intervention have been documented across developmental domains for infants and young children with disabilities or developmental delays, such as cognitive, social, and emotional outcomes (Bailey et al., 2005; Hebbeler et al., 2007; Majnemer, 1998; McLean & Cripe, 1997; Shonkoff & Hauser-Cram, 1987). Early childhood intervention is governed by IDEA in which states provide services under Part B 619 for children in preschool (age 3-5) and under Part C for infants and toddlers (age birth-3) experiencing developmental delays or disabilities (IDEA, 20 U.S.C. § 1400, 2004). The services provided for children under IDEA are part of an early childhood intervention system that is designed to enhance the learning and development of infants and toddlers with disabilities, reduce education costs, maximize the potential to live independently, enhance the capacity of families, and enhance the capacity of State and local agencies to meet the needs of all children (see IDEA, 631. 20 USC § 1436, 2004). Children receiving services will experience transitions across services and programs under IDEA (vertical transitions) and even transitions between providers within the same program (horizontal transitions). The transitions experienced by children and families under IDEA are unique to each child and family (Bruder & Chandler, 1996) but it is important to note that all children and

families will experience transitions. Understanding the transition process within the context of a theoretical framework guides the research and practice to support children and families during vertical and horizontal transitions.

Theoretical Foundations for Early Childhood Intervention

The field of early childhood intervention is rooted in theoretically based policies, programs, and practices that support the development of young children with disabilities and their families. A theory is defined as “a set of related principles and laws that explains a broad aspect of learning, behavior, or another area of interest” (Slavin, Hurley, & Chamberlain, 2003, p. 11). It is important to recognize the influence of personal theoretical perspectives have on shaping research and practice. The theories described in this section may seem separate but, in fact, there is overlap across the theories that have built the field of early childhood intervention (Odom & Wolery, 2003). A single theory approach may limit the scope of research and practice across disciplines that provide services for young children and their families. The shift from a single theory to the understanding that multiple theories describe the body of research in early childhood intervention is known as a unified theory of practice (Odom & Wolery, 2003).

One prominent theory often referenced in early childhood intervention literature and research is behaviorism. The principles of behaviorism identify the observable and measurable actions of individuals in response to environmental stimuli (Skinner, 1959). The interaction between behavior and the environment creates a response, which in turn impacts future responses (Bijou & Baer, 1961). Applied behavior analysis utilizes the science of behavior to focus on discovering environmental determinants of learning and behavior, including the consequences that influence the likelihood of behaviors to increase or decrease. Changing the consequences of behavior can impact future responses and purposefully change behaviors in the future (Skinner,

1959). Through a functional behavior analysis, systematic manipulation of antecedents and consequences can be implemented to change behavior (Baer, Wolf, & Risley, 1986). The seminal work of Hart, Allen, Buell, Harris, & Wolf (1964) demonstrated the positive impact of adult contingency attention on behavior in a preschool girl through systematic manipulation of teacher attention as reinforcement. The contributions of research with a behavioral perspective have a strong empirical basis in early childhood intervention through the implementation of positive behavior supports and systematic instruction or interventions (Odom & Wolery, 2003).

Other theories that have also guided the field of early childhood intervention are cognitive theories of child development. Jean Piaget's (1936) constructivist theory of cognitive development describes children's development as creating schemas through assimilation and accommodation. Children move through stages of development as their schemas continue to expand through natural development and education (Piaget, 1964). Schemas are created and expanded through experiences. Piaget's theory aims to describe the development of acquired knowledge and skills as children experience their environment. Piaget's theory of development is broken into four stages: a) sensorimotor stage; b) preoperational stage; c) concrete operational stage; and d) formal operational stage. In each stage, children change in their thinking and ways of inner representation of their physical environment (Gerrig & Zimbardo, 2010). Across the four stages of development children develop schemas to interpret the environment around them. Piaget defined two processes, assimilation and accommodation, to describe the ways in which children grow and develop. Assimilation occurs when a child accessing already existing schemas and fitting in information to what is already known. Accommodation is the restructuring of schemas when new information is learned or when an individual has a new experience. Piaget's cognitive development theory suggests that it is more important to

understand the stage in which a child is learning than the child's age to be able to help the child to assimilate and accommodate schemes across knowledge and skills. For example, a child may be chronologically 3 years old but developmentally may be operating in the sensorimotor stage of development. When teaching young children, the process of learning and developing schemes should be the focus (Slavin et al., 2003).

Another theory often represented in the child development literature is Lev Semeniovich Vygotsky's (1978) work on sociocultural theory. Vygotsky (1962, 1978) identified two types of development, the natural development (individual interactions with the environment) and cultural development (outcomes from interactions within their culture, including language) in an individual (Vygotsky, 1962). Vygotsky used the term "internalization" to explain how an individual learns through interacting with social relationships around them. Proponents of sociocultural theory believe that cognitive development stems from social interactions (John-Steiner & Mahn, 1996; Turuk, 2008). In this theory development is characterized as adaptation to the child's environment through constant reinterpretation as they gain new knowledge (Nyikos & Hashimoto, 1997). According to Vygotsky's (1978) theory, optimal learning takes place when children are in their zone of proximal development, defined as "the distance between the actual developmental level as determined by independent problem-solving and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers" (p. 86). Adults should serve as mediators or guides to support young children in teaching new information and skills as they are more knowledgeable than the child. Adults should be scaffolding knowledge and skills based on where a child is currently developing and progressing across domains.

The theories described thus far (behaviorism, cognitive development, and sociocultural) all focus on child behavior and development emphasizing the influence of environmental responses and interactions on a developing child. Urie Bronfenbrenner's (1979) ecological systems theory details the broadest approach to child development as he described the multiple systems in which a child develops. According to Bronfenbrenner (1979), the ecological systems theory of human development defines learning as "how an individual is impacted by their environment and that learning new behaviors are a result of the interplay between the individual and their environment" (p. 3).

Bronfenbrenner (1974) described ecological systems theory as being comprised of varying system levels including: individuals, microsystem, mesosystem, exosystem, and macrosystem. Each system is conceptualized as part of the environment and emphasizes a reciprocal relationship between systems to influence the development of an individual (Bronfenbrenner, 1979). Additional evaluation of the ecological systems theory conceptualized and added the chronosystem to refer to the change in society over time, not just the age of the developing individual (Bronfenbrenner, 1995; Bronfenbrenner & Ceci, 1994). The chronosystem contextualizes each component of an individual's system and impacts the direct and indirect effects on development (Bronfenbrenner, 1995; 1999; 2005; Bronfenbrenner & Ceci, 1994). For example, children who grew up during the Great Depression had different developmental contexts than children growing up in the 21st century. Advances in technology, knowledge, and education contributed to the differences in the chronosystem of the ecological systems theory.

Theories describe the phenomena of learning and development from different perspectives. Each theory provides a unique understanding that defined the practices and

rationale for research in the development of young children. Although the theories provide differing perspectives they also complement each other to explain the complex phenomena of learning and development. Articulating the congruence across theoretical perspectives is not easy but it is important to be able to frame the future of research and practice in early childhood intervention.

A unified theory of practice (Odom & Wolery, 2003) provides a theoretical structure through which to understand early childhood intervention as a system, impacting the focus of research and practice. Child learning and development can be described by theories of behaviorism and cognitive development and within a broad context of ecological systems. Adopting the behavioral and cognitive developmental underpinnings of how children learn and develop within the ecological systems theory frames the context for understanding the history of early childhood intervention laws that aim to provide support and care for infants and young children with disabilities and their families.

History of Early Childhood Intervention Law

Transitions across systems are influenced by the policies in the law and policies of individual programs. These policies are based on research and the factors that experts in the field of early childhood special education have determined to be best practice in supporting families. In order to appreciate the current programs and policies within the early childhood intervention system it is important to understand the historical context and legal history of the early intervention system.

The history of programs, research, and policies in the United States is built on the foundation that teaching and protecting young children, particularly young children with disabilities, is a societal obligation (Lesser, 1985). Skeels and Dye (1939) conducted the first

research that documented the effects of early childhood intervention. Thirteen infants were moved out of an orphanage into the care of women living in an institution. The infants showed higher IQ scores than those who stayed in the orphanage, which was attributed to the care and attention they received (Skeels & Dye, 1939). Environmental effects on child development have since been referenced in the research literature, particularly research that aims to reduce the environmental risks associated with negative impacts on children (Anderson et al., 2003).

Federal programs, policies, and research have demonstrated an investment in young children with disabilities and their families through multiple funding streams for various services and programs, such as preschool programs, early intervention services, referral and screening, child care, maternal and child health services, and service care coordination (Rous & Smith, 2011). For example, Head Start was developed as a preventative preschool program for children living in poverty as an environmental risk (Office of Head Start, 2017). IDEA Part C targets children who have an established risk or disability that has resulted in a developmental delay, as does IDEA Part B 619 for preschoolers (IDEA, 20. U.S.C. §1400, 2004). The Health Resources and Service Administration's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program aims to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness by providing evidence-based home visiting services for parents of infants from professionals such as nurses, social workers, early childhood educators (HRSA, 2017).

Over the last century policies have been established to protect children with disabilities and their families. Beginning in 1912, the Children's Bureau was established to address problems in high infant mortality (Lesser, 1985; Shonkoff & Meisels, 2000). In 1935, the Social Security Act was enacted and Title V (H.R. 7260 [Title V], 1935) outlined services for crippled

(sic) children, which was the first federal program to provide funding to states to deliver medical services for children with disabilities. In the late 1950s universities were provided an opportunity to receive financial support to prepare teachers working with students with intellectual disabilities under Pub. L. No. 85-926 (1958). Funding was made available for program administrators and teachers of children with intellectual disabilities in the Training of Professional Personnel Act (P.L. 86-158, 1959).

In 1964, President Lyndon B. Johnson declared a War on Poverty and enacted the Economic Opportunity Act (P.L. 88-452, 1964). Under this Act Head Start was founded in 1965 and was the first legislative program specifically for young children. Head Start began as an 8-week summer program for children living in poverty to provide high-quality early childhood programs to prepare young children to enter Kindergarten (Office of Head Start, 2017). By 1972, a mandate required Head Start to include children with disabilities to make up at least 10% of the children being served, regardless of income qualifications. In 1994, Head Start was expanded to include infants and toddlers through an Early Head Start program (Gallagher, 2000; McLean et al., 2016; Office of Head Start, 2017).

Following Head Start, in 1968, The Handicapped Children's Early Education Program (HCEEP)(P.L. 90-538, 1968) was established as the first early education program focused entirely on young children with established disabilities (Trohanis, 2008). There was recognition in the importance of early education programs but there was a shortage of effective program models (McLean et al., 2016). Under HCEEP, 24 model demonstration projects were conducted across the U.S. in 1969-1970. Model demonstration projects incorporated personnel training, supplemental aid to parents, parent counseling, and dissemination across school systems. By 1975, there was at least one model demonstration project in every state and over 700 projects

were funded across 30 years (Bailey, 2000). Components of HCEEP projects included parent participation in planning, the development and operation of projects, coordination with local public schools, coordination with community agencies, therapeutic and educational services, and dissemination and replication of effective programs (Stock et al., 1976). This program was renamed to the Early Education Program for Children with Disabilities (EEPCD) in the 1991 amendments of Pub. L. No. 90-538 (1968) addressing the needs of children with disabilities from birth-8 years old and their families (20 U.S.C. 1423, § 309.1 [52 FR 29817, Aug. 11, 1987, as amended at 50 FR 54690, Oct. 22, 1991]).

In 1975, as the model demonstration programs were being conducted in each state Congress realized the need to provide financial and procedural support to states to improve education for children with handicaps and enacted the Education for all Handicapped Act (EHA; P.L. 94-142, 1975). EHA stated “more than half of the handicapped (sic) children in the United States are excluded entirely from the public school system and will not go through the educational process with their peers”. EHA was created in response to court cases that argued for the civil rights of children with disabilities, including their entitlement to access a free and appropriate public education (e.g., *Brown v. Board of Education*, 1954; *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*, 1971; and *Mills v. Board of Education of District of Columbia*, 1972) and to “provide effective special education and related services to meet the needs of handicapped (sic) children” (20 U.S.C. § 1401, P.L. 94-142, 1975). EHA granted funding to states to support the needs of children age three to twenty-one, which included children in preschool (age three to five) as long as the age would be consistent with the State law and practice (20 U.S.C. § 1412, P.L. 94-142, 1975).

In 1983, EHA was reauthorized (P.L. 98-199, 1983) establishing regional resource centers to “provide consultation, technical assistance, and training to State educational agencies” (20 U.S.C. § 1421, P.L. 98-199, 1983). Pub. L. No. 98-199 established Early Education for Handicapped Children which granted funding for experimental preschool and early education programs for children birth through age eight (20 U.S.C. § 1423, P.L. 98-199, 1983). In 1986, EHA was again reauthorized (P.L. 99-457, 1986) mandating that states provide a preschool program for children age three to five years old under Part B (McLean et al., 2016). A grant program (non-mandated) was also established for states to provide services for children birth-three years old (known then as Part H; 20 U.S.C. § 1471, P.L. 99-457, 1986). The Part H grant program outlined provisions for states to apply for grant funding and have a plan in place to create a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide the early intervention services. In order to receive the grant funding for Part H states had to create a system consisting of 14 varying components, such as establishing a term for developmentally delayed (which is the basis for eligibility), ensuring the state had the system in place within five years of participating in early intervention, a comprehensive child find system, procedures for timely reimbursement, and a system for compiling data (Yell, 2012).

The next reauthorization of EHA was in 1990 and was renamed to the Individuals with Disabilities Education Act (IDEA) (P.L. 101-476, 1990). The reauthorization in 1997 (P.L. 105-17, 1997) condensed the act into four parts (Yell, 2012). The four parts included: (a) Part A outlining the general provisions of the law; (b) Part B outlining educational requirements for children age 3-21 (Section 619 is specific to preschool children age 3-5); (c) Part C (previously Part H) outlining early intervention (birth-3); and (d) Part D outlining discretionary funds, including financial support for personnel preparation (IDEA, 20 U.S.C. § 1400, 1997, 2004).

The 1997 reauthorization also included additions of strengthening the role of parents and ensuring access to general education curriculum for students being served under IDEA. In the most recent reauthorization of IDEA in 2004 (P.L. 108-446, 2004), the National Center for Special Education Research (NCSER) was established and in 2006 NCSER began funding research in early intervention and early learning for young children with disabilities. The final regulations governing IDEA Part C were published in the Federal Register in 2011. The regulations of IDEA Part B 619 and IDEA Part C outline eligibility criteria to receive services and the process to determine eligibility for each Part.

IDEA Part B Section 619

Part B of IDEA serves students from age 3-21 with developmental delays or disabilities who require an Individualized Education Program (IEP) to access and participate in their learning opportunities in a school setting. States are required to provide services for a child with a disability, defined in the statute as

- (i) [a child] with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education related services (IDEA, 20. U.S.C. § 602 [3], 2004).

Along with the federal guidelines outlined in IDEA, each state is responsible for identifying their state specific definition of special education and eligibility requirements. For example, Connecticut includes children who meet the eligibility criteria outlined in IDEA and also children who “[have] extraordinary learning ability or outstanding talent in the creative arts the development of which requires programs or services beyond the level of those ordinarily

provided in regular school programs but which may be provided through special education as part of the public school program (CT Sec. 10-76a- [4], 2009)”. The IDEA statutes and regulations apply to children receiving special education services from age 3-21 years old. Several provisions are written into the law to ensure that all students being supported by IDEA Part B are receiving a free appropriate public education. Provisions of IDEA Part B include: (a) zero reject, (b) identification and evaluation, (c) free appropriate public education, (d) least restrictive environment, and (e) procedural safeguards (IDEA Regulations, 34 C.F.R. § 300 *et seq.*, 2004).

An evaluation for eligibility must use a team approach using a variety of assessment tools to gain functional and relevant information regarding a child’s development. A team includes the parents of the child, not less than one regular education teacher, not less than one special education teacher, a representative of the public agency, an individual who can interpret instructional implications of evaluation results, other individuals who have knowledge of special expertise regarding the child, and the child with a disability (when appropriate) (IDEA, 20 U.S.C. § 300.321, 2004). The team creates an IEP that includes (a) the child’s present level of performance; (b) child strengths; (c) parent concerns; (d) evaluation results; and (e) the academic, developmental and functional needs of the child, including how the child’s disability impacts progress in the general education curriculum, or for children in preschool special education the IEP documents how the child’s disabilities or developmental delay would affect their participation in appropriate activities (IDEA, 20 U.S.C. § 614, 2004). Under IDEA a transition is defined as “a coordinated set of activities for a student, designed with an outcome-oriented process that promotes movement from [one educational setting to the next]” (IDEA, 20 U.S.C., 1400, 2004). The transition defined in Part B refers to the transitions experienced by

children who are between 18-21 years old, who are transitioning out of their secondary school environment to their post-secondary environment (e.g. further education or employment opportunities). The transitions for young children in early childhood, although defined in the same way under IDEA, are discussed more specifically in Part C under IDEA.

IDEA Part C

Part C under IDEA outlined federal regulations to support the purpose of early intervention services provided by each state. The final regulations of the 2004 reauthorization of IDEA (Pub. L. No. 108-446, 2004) were released in 2011. Services under Part C are outlined by a multidisciplinary team, led by the service coordinator, in an Individualized Family Service Plan (IFSP). The multidisciplinary team includes professionals from at least two disciplines and the students' parents, guardians, or caregivers (IDEA, 20 U.S.C. § 636, 2011). The IFSP includes the date services are initiated, anticipated length of services provided, and the duration and frequency of services. The document must include transition information, statements of measurable goals, results and outcomes, and document changes in the plan and/or goals. Services for Part C must be provided in the natural environment that includes the home and community settings where children without disabilities participate to the maximum extent appropriate (IDEA, 20 U.S.C. 1431 § 303.126, 2004).

The Governor of each state determines the agency responsible for applying for funding from IDEA Part C and ensuring that the state system requirements are being implemented. Some states have elected to house their early intervention lead agency in their State Department of Education ($N = 13$), some states have their Part C lead agency in Departments of Health ($N = 24$) and other states have included departments of Developmental Disabilities, Human Services, or Early Learning Agencies ($N = 19$; ITCA, 2018). Some states report that they have all state

programs that are responsible for young children in one department, whereas others report that their state structure is set up based on funding stream or reimbursement of funds for services (ITCA, 2018).

Under IDEA Part C states must provide early intervention services to children birth through three-years-old who are eligible for support. The need for services is outlined as

(i) experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or (ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. (IDEA, 20. U.S.C. § 634 [1], 2004).

States use federal legislation as a guide to determine their own criteria for eligibility. For example, in Connecticut eligibility to receive Part C services are defined as a developmental delay of two standard deviations (SD) below the mean in one area of development, or 1.5 SD below the mean in two or more areas of development (CT Birth to Three, 2011). States also have the option to provide services for infants and toddlers that are determined to be at-risk of experiencing a developmental delay if they do not receive early intervention services. In 2018, 21 states served children at-risk for developmental delay in their early intervention Part C program (ITCA, 2018). The remaining states that do not serve children at-risk for developmental delay under Part C may offer other support services. For example, in Connecticut children who are determined to be at-risk are offered participation in a child development-monitoring program and families are provided with information about other community programs (CT Birth to Three, 2011). The varying eligibility criteria for Part C across states create a disjointed system and inconsistency in the services provided to children. The inconsistency of eligibility criteria and

services provided could be argued to be inequitable as one child may receive services in one state but not in another for the same developmental progress.

Transition under Part C is defined the same as under Part B of IDEA as “a coordinated set of activities for a student, designed with an outcome-oriented process that promotes movement from [one educational setting to the next]” (IDEA, 20 U.S.C., 1400, 2004).

Transition services under Part C assist the toddler with a disability and their family to experience a smooth transition to the child’s next program, regardless of whether or not they qualify for special education services (34 C.F.R. § 303.209). Part C agencies are required to have formal agreements between the Part C program and preschool programs providing Part B 619 services under IDEA. The interagency or intra-agency agreements include specific transition requirements for each agency involved in the transition.

Part C Service Coordination. Within the Part C program under IDEA each state designates a lead agency for overseeing the statewide system. Local agencies within the state system provide early intervention services for children and families. Each family is designated a service coordinator by their local agency when they enter into the Part C system (C.F.R. § 303.302 (a)(1)). The service coordinator is not any one professional but is rather identified based on the most relevant needs of the child and family (Bruder et al., 2005). Service coordinators are required to meet personnel standard requirements at the state level. For example, in Connecticut service coordinators must hold a minimum of a bachelor’s level degree, complete a Connecticut Birth to Three certificate, and complete a Connecticut Birth to Three Service Coordinator training (CT OEC, 2018). However, other states may have different personnel requirements for their service coordinators in the Part C program.

The federal regulations for IDEA Part C define service coordination as “the activities carried out by a service coordinator to assist and enable an eligible child and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state’s early intervention program” (IDEA, 20 U.S.C. § 303.34, 2004). The service coordinator is responsible for (a) coordinating all services required across agency lines, (b) serving as the single point of contact for carrying out the activities described in the IFSP, and (c) being active in an ongoing process involving assisting parents and coordinating provision of services (IDEA, 20 U.S.C. § 303.34, 2004). There are 10 activities of service coordinators outlined in IDEA to support children and families in Part C under IDEA (see Table 1). One responsibility is to facilitate the development of transition plans. The IDEA requires a plan for each child and family under Part C who will be transitioning out of services defined as “a coordinated set of activities for a student, designed with an outcome-oriented process, that promotes movement from [one educational setting to the next]” (IDEA, 20 U.S.C., 1400, 2004)

Table 1

Service Coordinator Activities under IDEA Part C (IDEA, 20. U.S.C. §303.34, 2004)

Service Coordinator Activities
Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families.
Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
Coordinating evaluations and assessments.
Facilitating and participating in the development, review, and evaluation of IFSPs.
Conducting referral and other activities to assist families in identifying available EIS providers.
Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner.
Conducting follow-up activities to determine that appropriate part C services are being provided.
Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources.
Coordinating the funding sources for services required under this part.
Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

The Research and Training Center (RTC) on Service Coordination, funded by the U.S. Department of Education Office of Special Education Programs (OSEP), was tasked with “carry[ing] out a coordinated integrated, advanced research program to address current and recommended policies and practices in service coordination under Part C of IDEA” (Bruder et al., 2005, p. 178). Research conducted by the RTC included identifying the models for service coordination as (a) the dedicated model when service coordination is independent of the agency

that is providing services, (b) the intra-agency model, when the service coordinator is responsible for service coordination but works for an agency that also provides early intervention services, and (c) the blended model, in which service coordinators provide service coordination and provide early intervention services (Harbin et al., 2004). Research suggests that service coordinators working in a blended-model are more likely to use desired service coordinator practices such as coordination and facilitation of early intervention services, family participation and decision making in the IFSP and service provision, and planning for and assistance with the transition from early intervention to preschool services (Bruder & Dunst, 2008; Dunst & Bruder, 2006). According to law service coordinators must have knowledge of Part C, the resources available in the community, and knowledge of child development (Bruder & Dunst, 2006; IDEA, 20 U.S.C. 1400, 2004). While planning and facilitating the transition process for children and families, the knowledge of community resources, child development, and the Part C system are essential as children and families prepare to leave Part C.

The Early Childhood Intervention System

The system described under IDEA of early childhood intervention aims to promote the learning and development of infants and young children with developmental delays and disabilities (Dunst, 2012). The services provided under IDEA in Part C and Part B 619 function within the Developmental Systems Framework (DSA) designed to “integrate the complex elements that constitute an early intervention system” and “provide a framework for community-based early intervention services and supports for vulnerable children and their families” (Guralnick, 2001, p. 2).

The DSA functions on three core principles: (a) the components are organized in the developmental framework; (b) integration, as a foundation of collaboration between providers,

family, and systems, interdisciplinary assessment, and implementation of a comprehensive plan; and (c) inclusion, within the context of the community and programs (Guralnick, 2001, 2005).

The three core principles are the foundation for each component of an early intervention system.

Components include screening and referral, surveillance and monitoring, points of access, comprehensive interdisciplinary assessment, establishing eligibility for the program, assessing stressors, developing and implementing a comprehensive program, monitoring and outcome evaluations, and transition planning (Guralnick, 2001). Each component of the model is aligned with IDEA Part C and is compatible for children in IDEA Part B 619, and a “successful transition is a major component of the DSA” (Bruder, 2005, p. 46). The DSA model is not a prescriptive guide, but rather the framework for states and local community providers to operate an early childhood intervention system.

The early childhood intervention system is guided by family-centered values. Family-centered is both a philosophy and a set of practices in early childhood intervention that respects the values and choices made by a family for their child (Bruder, 2000; Dunst, 2002; Dunst, Trivette, & Hamby, 2007). The family-centered concept was first established in the 1960s and stressed the importance of the family on the well-being of children and that parents need to advocate for a partnership with professionals, rather than having professionals making all of the decisions for their children (Bamm & Rosenbaum, 2008; Rosenbaum, King, Law, King, & Evans, 1998). In 1987, a Surgeon General’s report from Dr. C. Everett Koop described the principles of a family-centered philosophy emphasizing the importance of working together to improve outcomes for children with special health care needs (Brewer, McPherson, Magrab, & Hutchins, 1988; Shelton, Jeppson, & Johnson, 1987).

The family-centered philosophy in early childhood intervention is based on values with a focus on family strengths, promoting family choices and control over their desired outcomes, and developing a collaborative relationship between the parents and professionals (Dunst, Trivette, & Deal, 1994). The family-centered philosophy is rooted in the belief that families play a vital role in the success of their children in early intervention (Bailey et al., 2006; Brewer et al., 1989; Guralnick, 1998; Powell, Batsche, Ferro, Fox, & Dunlap, 1997; Roberts, Innocenti, & Goetze, 1999; Turnbull, Summers, Turnbull, Brotherson, & Winton, 2007).

The family-centered philosophy has been translated into practices for use when working with children and families in early childhood intervention. Those practices included: (a) treating families with respect and dignity, (b) having cultural and socioeconomic sensitivity, (c) providing choices to families that are in line with their priorities, (d) disclosing information to families to help make informed choices, (e) identifying a range of community supports, and (f) empowering families to build competence in their child's development (Dunst, 2002). Two factors of family-centered practices in early intervention have been identified as relational helpgiving practices and participatory helpgiving practices (Dunst, 2002). Relational helpgiving practices are clinical practices, such as active listening, respect, and empathy, as well as professional beliefs about attitudes toward families, particularly parent capabilities and competencies (Dunst, 2002; Dunst et al., 2007). Participatory helpgiving practices are providers being individualized, flexible, and responsive to the family priorities and concerns, as well as providing the families with opportunities to be actively involved in their child's programming. Practices also include families making informed decisions and choices, family-professional collaboration between the family and providers, and the family actions to achieve desired goals and outcomes (Dunst, 2000, Dunst et al., 2007).

It is important for professionals working in early childhood intervention to engage in family-centered practices but the reality is that the structure of the early childhood intervention system has barriers to such implementation (Bruder, 2000), such as a lack of effective training for personnel in early intervention (Kilgo & Bruder, 1997). The transition from Part C to Part B 619 under IDEA has a shift in focus from the family as the unit of intervention to the child as the unit of intervention. The focus on family is understood simply as a result of the legal document that outlines services from an Individualized Family Service Plan (IFSP). The shift to child-centered intervention is seen in the document outlining services to an Individualized Education Plan (IEP) in the school. The shift is also seen in the wording in the law describing the location at which services are being delivered from a “natural environment” in Part C to a “least restrictive environment” in Part B (IDEA, 20 U.S.C. §1400, 2004).

The transition from Part C may be especially stressful for families that enter the Part C system when their children are toddlers rather than infants because the transition happens at 36 months (three-years old), regardless of how long services have been delivered (Hebbeler, Spiker, & Kahn, 2012). Depending on the onset of developmental delays, children are referred to Part C at varying ages, and range in the number of months that they participate in Part C. According to Part C reports, the length of time children participate in Part C ranges from 8 months to 20 months, with an average of 13.7 months (ITCA, 2018). An example of a child that may be referred to Part C at a later age could be a child with Autism Spectrum Disorder (ASD). Children with ASD typically do not have a formal diagnosis prior to 18 months old, and more likely at 24 months old (Lord et al., 2006). Families beginning early intervention services closer to 36-months will have already recently gone through the transition into receiving early

intervention services and almost immediately have to plan for the transition out of early intervention into preschool.

Parents have a large impact on the success of early intervention outcomes for young children (Dunst, 2007; Dunst, Bruder, & Epse-Sherwindt, 2014; Dunst, Trivette, & Hamby, 2006; Shonkoff & Phillips, 2000). In both Part B 619 and Part C of IDEA a team approach is mandated in the law. Also noted in the law is the belief that families are the central focus in early intervention and the practices of those personnel working with young children and families should follow the family-centered practice and philosophy to build the capacity of families (Dunst, Bruder, & Epse-Sherwindt, 2014). By involving parents in the planning process there is a consistency between interventionists, teachers, professionals, and parents to support the child in their environmental context (Dunst et al., 1994).

The transition from Part C is one of many transitions that families will experience. Other transitions for children could include the transition from preschool to kindergarten, kindergarten to elementary school, elementary school to middle school, middle school to high school, and high school to post-secondary school or work environment. Smooth transitions can increase children's developmental progress (Lillie & Vakil, 2002; Rous, Myers, & Stricklin, 2007). Positive experiences in early childhood intervention can help set families on a positive trajectory through several future transitions across a system of receiving support services.

Early Intervention System in Connecticut. States vary in the model of service coordination that is used in their Part C program. In Connecticut, the blended-model approach is implemented. Although service coordination is mandated in the law and has previously been described as “the linchpin of quality service delivery” (Harbin et al., 2004, p. 95), data suggests that practitioners who received training in early intervention do not receive training on service

coordination (Bruder et al., 2009; Childress, Raver, Michalek, & Wilson, 2013). Service coordinators in the state of Connecticut are required to pass a one-time training that includes online modules and a one-day in person training conducted by the state's Part C office (Connecticut Office of Early Childhood [CT OEC], 2018). The training must be completed within three-months of being hired as a service coordinator. In order to pass the service coordinator training, participants must receive a minimum of 70% on assessments of knowledge across topics related to early intervention and the Part C system in Connecticut. These topics include: (a) orientation to birth to three and design of the system, (b) the role of service coordinator, (c) procedures and timelines, (d) evaluation and assessment, (e) IFSP development, (f) services at no cost, (g) service delivery, (h) transition, and (i) resources for families (CT OEC, 2018).

Connecticut currently has 33 lead agencies that support children and families in the Part C program. Three of the programs are solely designed for children diagnosed with ASD. The ASD specialty programs will receive children and families through initial referral as well as referrals from general early intervention programs after a child has received an ASD diagnosis. Three additional programs have both general early intervention and ASD specific programs within their agency structure; the remaining 27 programs are all considered general early intervention programs, serving children from all disabilities and delays (CT OEC, 2018). Typically, the ASD specialty programs utilize applied behavior analysis programming and are supervised by Board Certified Behavior Analysts (BCBAs) but may have service coordinators from varying disciplines. General Part C programs have service coordinators from various disciplines based on the individualized needs of the child and family.

In 2003, the Connecticut State Department of Education (CT SDE) completed a survey of parents who had experienced the transition from Part C to Part B 619 in Connecticut, which is the only available data in the transition experience for families available in Connecticut. The 5-question survey response options were limited to “yes,” “no,” and “don’t know”. The first question of the survey was “Did your Birth to Three provider prepare you for leaving the Connecticut Birth to Three System and entering Preschool Special Education?” Over ninety-seven percent of parents responded “yes” (CT SDE, 2003). There is no additional information provided indicating what service coordinators or providers did in their practices to prepare parents. Other survey questions were based on the role of the school district in the transition process such as contacts from the school after the initial referral for eligibility and holding a transition meeting at the school. The survey completed by CT SDE was done prior to the most recent reauthorization of IDEA in 2004 and well before the Part C regulations were finalized in 2011. The information gained has limited implications for any meaningful change in policy or personnel practices working with infants and young children with disabilities and their families.

The Connecticut OEC produced a Transition Handbook addresses the procedural requirements under IDEA statute and regulations. Examples of information found in the handbook include statutory requirements such as: (a) notification to lead education agency for child find and (b) holding the transition conference at least 90 days and no more than 9 months prior to the child’s third birthday (IDEA, 303.209 (d)(2) 20 USC § 1436, 2004). The handbook is publically available for families and professionals, but is limited in identifying strategies to support personnel develop and implement transition plans across the variety of children and families that are served. Currently, the transition page on the Connecticut Part C website links parents to a guide to special education at the Connecticut Department of Education. Identifying

the current landscape of Part C in Connecticut with an understanding of the theoretical and larger system context guides the literature review and research presented in this dissertation.

Current Data and Recommended Practices

Based on 2014-2015 national data, 35.8% of children transitioning out of Part C are determined eligible for Part B 619 (U.S. DOE, 2017). In Connecticut, 47.04% of children exiting Connecticut's Part C programs were determined eligible for Part B 619 services based on the most currently available data (U.S. DOE, 2017). Examples of Part B 619 settings could include public preschool programs, private preschool programs, Head Start, or other community programs across a variety of Local Education Agencies (LEAs). The ultimate goal of transition planning is children's success in their next environment (Rous et al., 2007). A requirement of Part C is that a transition plan is in place before the child turns three-years old, regardless of whether a child is eligible for Part B 619 services. Nonetheless, families have reported that the Part C transition continues to be challenging and stressful (Branson & Bingham, 2009; Hanson et al., 2000; Rous et al., 2007).

The Division for Early Childhood (DEC), under the Council for Exceptional Children (CEC), first identified a set of recommended practices in 1993 to guide the field of early childhood intervention, including practices to support the complicated transition process for children and families. The current set of recommended practices defines transition as "the events, activities, and processes associated with key changes between environments or programs during the early childhood years" (DEC, 2014, p. 15). The two current recommended transition practices are stated as:

TR1. Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes.

TR2. Practitioners used a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family. (DEC, 2014, p. 15).

The DEC transition practices are stated as recommendations to create a successful transition for children and families, but there exists a lack of empirical evidence used in the suggested practices (Dunst, 2007).

Statement of the Problem

The transitions experienced by children and families are not new. As the most recent reauthorization of IDEA approaches its 15th anniversary next year the field of early childhood intervention is continually called to examine the services and supports being provided to children and families, and the impact these services and supports have on child and family outcomes. The transition practices recommended by DEC should guide personnel in their work with young children and their families but additional research is needed to identify current practices being used by personnel and how those practices relate to child and family outcomes. In addition, empirically based studies are needed to further examine the impact of practices on child and family outcomes (Bruder, 2010).

This first chapter has identified the intricacies of early intervention. Families experience multiple transitions, both vertical and horizontal, through their involvement in early childhood intervention programs. The transition between Part C and Part B 619 is one transition required

under IDEA but eligibility differences and shift in the system of service delivery creates a complicated process for families to navigate. In the next chapter published literature concerning the transition out of early intervention will be reviewed.

Chapter II: Literature Review

Research in early childhood intervention transitions tends to focus on the transition from preschool to kindergarten (Rous et al., 2007). Programs and personnel practices have been identified to help support children and families through this particular transition but empirical research in this area is limited (Bruder, 2010). Moreover, research in early childhood transition literature tends to be more qualitative than quantitative (Rous & Hallam, 2012). The research identified and reviewed in this chapter is specific to the transition out of early intervention into school programs, particularly early childhood (preschool) programs.

The purpose of this chapter is to review the research literature related to the judgments of families and professionals about the early childhood intervention transition process. The review of literature in this chapter focuses on literature describing the transition from early intervention transition outcomes and personnel practices. The chapter will conclude with the purpose of the study and research questions for the study conducted.

Transition from Early Intervention

Hamblin-Wilson and Thurman (1990) focused on the parents' perceptions of children who were transitioning from early intervention into public school placements. Ninety-one (91) parents were surveyed using a 5-part questionnaire to identify parent-reported involvement and support in the transition between early intervention and school placements. Results showed 68% of parents reported feeling involved in the transition process and 60% reported feeling that they were more supported in the transition process by the early interventionists when compared to the support they received from the school personnel. The questionnaire asked parents about their involvement in three major areas of transition: (a) transition planning, (b) selecting classroom/schools, and (c) visiting the classroom/school. Fifty-four percent (54%) of parents

reported being involved in program planning. Thirty-seven percent (37%) of parents reported being involved in selecting a classroom or school for their children, and 68% reported visiting the school (Hamblin-Thurman & Wilson, 1990). The low percentage of parents reporting having a choice in selecting a program suggests that parents are told where their child will attend, with few to no options provided.

In addition, the researchers (Hamblin-Thurman & Wilson, 1990) measured satisfaction, support, preparation, and parent education. Parents who reported higher levels of support also reported higher levels of satisfaction. Parents with higher levels of education also reported being more satisfied with the transition process. An important finding from this study was that that parents expressed wanting to be part of the transition process, but not all parents felt empowered even when they were involved. Thus, it would be important to identify the practices that should be used by professionals to support families so they are meaningfully involved in each step of the transition process.

Hanson et al. (2000) completed structured interviews, observations in transition meetings, and document analysis of 22 families residing in four regions in the United States. Fifty interviews were conducted with family members, 33 interviews with service coordinators, 26 interviews with teachers or therapists in the preschool programs, and five interviews with other professionals involved in a family's transition. Researchers observed transition planning meetings and transition meetings with the families and recorded observation notes. The researchers reviewed documents including IFSPs, assessment information, written school policies and procedures, and meeting notes and program placement notes. Interviews were conducted with the service providers for early intervention services, the parents, and the receiving school representative (teacher or administrator) for the child preparing to transition

from early childhood intervention into preschool. The researchers coded the interview transcripts where categories were developed to look at patterns of transition experiences across families as well as across the four research sites. One major category identified was that families felt the transition was a discrete event for their child and themselves, rather than a process over time. The service providers also expressed their feelings that the transition meeting was a formality of their program and a discrete event, rather than a process. A major barrier reported by providers was a lack of time for planning, and depending on the structure of fees and billing, they might not be paid for outside planning time. The early intervention providers also expressed concern about the shift of service-delivery models (from a family-centered focus in early intervention into a child focus in school settings) for both themselves as well as the families they serve. The receiving program teachers reported that they would like to have more involvement in the transition process prior to the child entering the school but like the early intervention providers they reported time and resources available for them to have that level of participation as barriers. In addition, the researchers found the exchange of information and communication across programs varied across families and the choice of program options for families was limited. Hanson et al.'s (2000) qualitative study highlights the experiences of varied professionals and caregivers involved in the transition process and provided specific examples of transition experiences. Similar to Hamblin-Wilson and Thurman (1990), Hanson et al. (2000) also found that when parents/families had a willingness to be involved in planning and choosing programs but they were not always offered the opportunity or their opportunities for involvement were very limited. The researchers recommended more opportunities for family-professional partnerships.

Lovett and Haring (2003) used data collected through the Family Systems Project, a qualitative longitudinal study of parents and families of young children who were identified at birth or shortly after, as having a disability. The researchers focused on the perceptions and experiences of parents and families of 48 children collected through qualitative interviews and observations. One of the variables identified was number of transitions, suggesting that families go through many transitions of differing types. Seventy-three percent of families reported their first major transition was having their child taken to the neonatal intensive care unit (NICU) for a health care crisis. The other major transition identified by families was from early intervention into preschool special education. Forty-three percent of respondents in this study reported “they were uncomfortable with the transition from [early intervention] to preschool” (Lovett & Haring, 2003, p. 375).

Parents in the study (Lovett & Haring, 2003) reported feeling unprepared and overwhelmed with the transition process without a clear idea of what to expect. Although a majority of parents expressed their gratitude for the opportunity for their children to enter preschool, they still experienced uncertainty with this transition in their child and family’s life. Lovett and Haring (2003) provided useful qualitative information from families and looked across the multiple transitions families experienced throughout early childhood. The amount of in-depth information gained was valuable to advance an understanding of family experiences and perceptions.

Pinnock (2003) conducted a study of factors influencing the transition from early intervention to school. Pinnock hypothesized the factors related to transition for parents are: (a) communication, (b) cultural considerations, and (c) parent empowerment. Moderating factors explored in the study included: (a) child diagnosis, (b) number of months in early intervention

before transition occurred, (c) parent education, (d) parent age, (e) parent satisfaction, (f) procedural steps, and (g) location of early intervention services provided. A researcher-developed survey was used to obtain data from 62 parents. The survey asked parent participants for information about their transition experiences and satisfaction with planning in early intervention and execution of the plan throughout the process. Pinnock used confirmatory factor analysis (CFA) to cluster questionnaire items to the 3 hypothesized factors (communication, cultural considerations, and parent empowerment). An exploratory factor analysis (EFA) was used to look at the relationship of items across factors. Hierarchical multiple regression (HMR) was used to examine the relationship of differential effects of emerging factors on the rating parents gave to their transition process. Overall, the results of the analyses found that all factors working together were important for a reported smooth transition. More specifically, it was found that parents reported being more satisfied with the transition when they were well-informed and aware of transition resources. A multivariate analysis of variance (MANOVA) and analyses of variance (ANOVA) were used to evaluate the moderating effects of parent age and education, child diagnosis, months in early intervention, and the site of services. The predicted moderating variables of parent age and education had no statistical effect on reported parental satisfaction, which is contrary to what has been found in previous studies (e.g. Rosenkoetter & Fowler, 1994).

Along with the quantitative analysis of the survey data, parents were asked to provide comments to support the quantitative information gathered from the questionnaire. The parents reported having unrealistic expectations of eligibility because the eligibility criteria was not clear, which led to parents reporting dissatisfaction in their early intervention transition. In addition, it was found that when parents reported having communication with providers they also

reported higher satisfaction with their transition experiences. Pinnock is one of very few studies using quantitative analyses of the transition process and therefore is a promising step for the early intervention field in transition research. Although there are statistical limitations to Pinnock's findings due to sample size, the findings support qualitative findings from previous research.

Additional research in early childhood transitions has been federally supported in the past. In particular, the National Early Childhood Transition Center (NECTC) was funded by OSEP from 2003-2007. The role of NECTC was to identify factors impacting early childhood transitions for young children with disabilities and their families. The work done by NECTC included developing guides and documentation of the importance of family engagement in the transition process, while also providing personnel development opportunities and resources for early childhood personnel. Through their work, NECTC identified 20 transition practices using interviews, surveys, and focus groups, which were validated by 419 respondents of early childhood teachers (Rous et al., 2007). The identified practices required further research-based evaluation beyond validation by personnel with a systematic approach to study the child and family outcomes related to the use of the validated list of practices. Rous et al. (2007) also posited that the transition between two different systems (such as Part C and Part B Section 619 under IDEA) remained a barrier for families. Ninety-seven percent of early intervention (Part C) program coordinators surveyed reported having family-centered practice as a core value, whereas only 58% of preschool special education coordinators surveyed reported family-centered practice as a guiding value (Rous et al., 2007). The philosophical difference between Part C and Part B 619 personnel creates a barrier for families who must navigate the system. The differences

between the two programs also impact the approach and culture of personnel aimed at supporting families.

Rous, Hallam, McCormick, and Cox (2010) used a national survey to validate personnel practices to support the transition to public preschool. Twenty-five practices were included in the survey of preschool teachers. Examples of practices included: (a) inviting children and families into the classroom before beginning the school year and (b) having a phone call with parents prior to the start of school. The survey requested teachers to report their use of practices for children entering their classrooms. To validate the list of practices teachers responded to the survey with their reported use of practices and whether they thought it was a good idea to use each practice in their classroom. In addition to reporting the use of transition practices teachers also reported barriers to the implementation of practices. One of the major barriers identified by teachers was that parents did not read materials sent home, which indicated either a communication barrier between the teacher and parent about what is happening in the classroom or that the mode of communication by the teacher might not be effective for certain families. Overall teachers validated the transition practices by providing their use of the practices the list of practices included in the survey but there was no connection between the use of these practices and any measures of child outcomes or parent reports of experiences based on the use of the practices.

Daley, Munk, and Carlson (2011) used the research of transition practices identified by Rous et al. (2010) to target the use of transition practices with children with disabilities entering kindergarten. The research team identified five “low-intensity practices” and six “high-intensity practices” and asked teachers about their use of each practice. Low-intensity practices were defined as practices that are more general and applied across all children, such as newsletters

being sent home. High-intensity practices were defined as practices that are more time consuming and individualized, such as having a meeting with the family. A limitation of Daley et al. (2011) was that there was no measure of family experiences connected to the teacher reported use of practices. Another limitation was that there was no measure indicating the outcome of the transition for parents and children based on the teachers' use of low-intensity or high-intensity practices.

Bruder (2010) conducted a more recent review of transition research, literature, and policy regarding the early childhood transitions for young children with disabilities or developmental delays and their families. The search for evidence-based practices to support young children and their family's remains to be a challenge in the field of early intervention and few have been validated through rigorous research (Bruder, 2010). Bruder (2010) emphasized the need to look more closely at the system of service delivery and the ways in which families are supported through the transition rather than considering the transition to be a discrete event. The recommendations provided by Bruder (2010) highlighted the need to identify what is currently happening in practice by providers and what parents have identified as helpful practices in supporting their transition from Part C to Part B 619 to build on the empirical evidence base of research in early childhood transitions. In particular, the family-centered practices of respect, collaboration, and communication have been found to have an impact on the experiences of children and families during the early childhood intervention transitions and should be considered as guides for future research (Bruder, 2010; Malone & Gallagher, 2009).

Literature Summary

This chapter included a review of the research literature on early childhood intervention, Part C transitions. Children and families may experience a variety of transitions throughout

early childhood. Families take responsibility for advocating for their children as they prepare to transition from one service delivery model to another, or across various programs that provide support (Dunst, Trivette, & Cornwell, 1989). Similar to previous literature reviews (e.g., Bruder, 2010; Malone & Gallagher, 2009; Rosenkoetter et al., 2009) the literature search for this dissertation found that a majority of studies in the area of early childhood intervention and transition used a qualitative methodology using naturalistic inquiry. Focus groups, interviews, and open-ended survey questions are examples of methods used in qualitative research. Naturalistic inquiry is a common approach to studying children with developmental delays or disabilities and their families (Lincoln & Guba, 1985). Qualitative research analyses provide a holistic analysis of both policy and practice, which in early intervention could increase the understanding of issues by both families and the agencies serving those families (Brotherson, 1994). Qualitative research allows for a deep understanding of reported experiences but can be limited in generalizability because of small sample sizes, as seen in the descriptions of the current literature presented in this chapter. In addition, parents have reported wanting to receive communication from both the sending program and the receiving program (e.g., Able-Boone & Stevens, 1994; Daley et al., 2011; Dunst et al., 1989; Enlow et al., 2014; Rosenkoetter et al., 1994). One way this communication has been improved was through the development of a checklist or protocol of questions to ask providers that can be given to parents to guide the transition process for families across programs or environments (Fowler, 1988).

The review of the current published literature on the Part C transition identified limitations in empirical evidence of transition practices connected to outcomes for children and families. Transition practices to support children and families through early childhood intervention transitions have been identified in previous research but work needs to be done to

validate those practices through rigorous research designs (Bruder, 2010). In addition, quantitative studies of early childhood transition are limited in number. Identifying current early intervention practices being implemented and the relationship to transition outcomes is needed. It is also important to have an understanding of family, child, and personnel characteristics that may impact transition outcomes (Bruder, 2010). For example, the family socioeconomic status may impact qualification for community based programs and child severity of developmental delay may impact the eligibility of the child to receive special education services. Knowing how family and child characteristics impact transition experience, personnel can be prepared with knowledge and practices to support the transition experience that is unique for each family.

The family characteristic of socioeconomic status has had a long history of published research on the impact on family life (e.g., Adler & Ostrove, 1999; Angell, 1936; McEwen & Gianaros, 2010). Before 1985, families in research were categorized by whether they fell below or above the poverty line. In more recent research families have been categorized by socioeconomic status, which has a strong link to health outcomes (Adler & Ostrove, 1999; Kaplan & Keil, 1993), levels of education (Feinstein, 1993), levels of stress (McEwen & Gianaros, 2010), and levels of substance abuse and exposure to violence (Park, Turnbull, & Turnbull, 2002).

The child characteristic of severity of delay may also impact transition outcomes. The impact of the severity of developmental delay or disability for a child has been identified through research over several decades, and has been shown to have an impact on family stress and quality of life (Bailey et al., 1998; Wang et al., 2004). The severity of child disability or delay has also been associated with levels of maternal stress (Hanson & Hanline, 1990). In addition, the provision of services delivered may also depend on the child disability, such as a diagnosis of

an Autism Spectrum Disorder (Hume, Bellini, & Pratt, 2005). Pinnock (2003) did not show statistical relationship for moderating child and family variables in relation to the hypothesized transition factors, which contradicted previous transition literature (e.g. Rosenkoetter & Fowler, 1994). Research to explore possible connections between family and child characteristics in transition is needed. The knowledge gained from research in this area can provide guidance in order to support professionals that are facilitating the transition for children and families from early intervention into preschool programs.

Purpose of the Study

The purpose of this exploratory study described in this dissertation is to investigate service coordinator reported transition practices and transition outcomes for children and families transitioning out of Part C in Connecticut. This exploratory study addresses the need to connect the recommended practices of collaboration and communication (Bruder, 2010) to the transition outcomes of children and families with a qualitative and quantitative analysis of interview data. In addition, this study addresses the need to research the possible impact of family, child, and personnel characteristics on transition outcomes for children and families. The primary source of data collection was semi-structured interviews with Part C service coordinators in which they provided their judgment of family experiences when transition went well and not well. This exploratory study sought to determine whether consistently implemented transition practices, identified through previous research and recommendations, were associated with successful transition outcomes and those not consistently implemented resulted in unsuccessful transition outcomes (Figure 1). The research questions guiding the methodology, data collection, and analyses of service coordinator interviews were:

1. What do Part C service coordinators in Connecticut define as a successful transition between Part C and Part B 619, as reported in an interview when asked to describe a transition of a child and family from Birth-3 that went well?
2. What do Part C service coordinators in Connecticut define as an unsuccessful transition between Part C and Part B 619, as reported in an interview when asked to describe a transition of a child and family from Birth-3 that did not go well?
3. What practices do Part C service coordinators in Connecticut report implementing when asked to describe a transition between Part C and Part B 619 that resulted in successful outcomes?
4. What practices do Part C service coordinators in Connecticut report implementing when asked to describe a transition between Part C and Part B 619 that resulted in unsuccessful outcomes?
5. How does the description of communication and collaboration practices implemented by Part C service coordinators in Connecticut impact the result of transition outcomes, as reported by service coordinators?
 - a. Do descriptions of consistently implemented communication and collaboration recommended transition practices by Part C service coordinators result in more positive child and family transition outcomes?
 - b. Do descriptions of inconsistently implemented communication and collaboration recommended transition practices by Part C service coordinators result in negative (non-positive) child and family transition outcomes?
6. How do transition outcomes, as reported by service coordinators in Connecticut, differ as a function of:

- a. Early intervention program structure, specifically general early intervention programs compared to autism specialty programs?
- b. Family descriptors, specifically family socioeconomic status?
- c. Child descriptors, specifically service coordinator reported child severity of developmental delay at the time of transition?

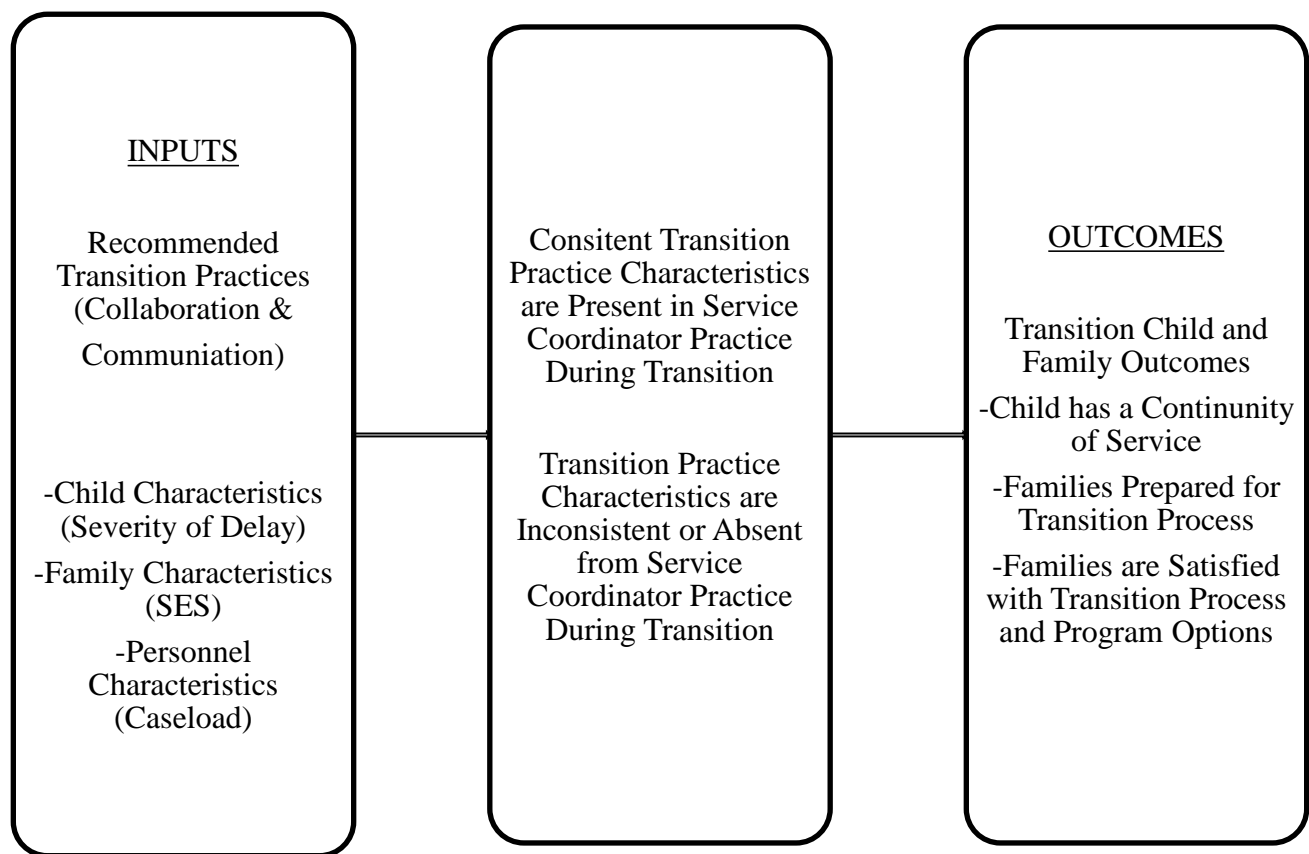


Figure 1. Theory of change for the relationship between transition practices and transition outcomes for children and families.

Chapter III: Methods

Study Design

A case study research design, informed by Yin (2014), was used to examine the service coordinator practices related to transition outcomes for children and families in the Connecticut Part C program. Case study research provides both quantitative (using coded data) and qualitative information for analyses. Semi-structured interviews were conducted with Part C service coordinators in Connecticut. Service coordinators were prompted to describe the transition experience of two families, one whose transition went well and one whose transition did not go well. Interviews were conducted using Zoom meeting (a teleconference service). This allowed interviews to be recorded to ensure accurate note taking and detailed coding and the analysis of responses. Interview data were used to qualitatively answer research questions 1, 2, 3, and 4. Coded interview data were used to quantitatively answer research questions 5 and 6.

Participants. Study participants were Part C service coordinators in the state of Connecticut. Inclusion criteria to participate required volunteers to have completed the Connecticut state service coordinator training, have been a service coordinator in the Connecticut Part C system for a minimum of one year, have at least 2 family transition experiences as a service coordinator, and be fluent in speaking and writing in English.

Interview Protocol

An interview protocol (Appendix A) was developed by the researcher in September 2017 and guided the conduct of the service coordinator interviews. The interview protocol was based on the literature search detailed in the previous chapter. The interview protocol was designed to examine (a) the reported implementation of practices by service coordinators, (b) the perceived

child and family transition outcomes, and (c) the experience of two families with perceived different transition outcomes (one successful, one unsuccessful).

The interview protocol included questions for service coordinators asking about (a) demographic information (education level, experience in Part C), (b) the children on the service coordinator caseload based on disability (general delays, ASD, or a mix of both), (c) family socio-economic status based on the family's ability to meet basic financial obligations (low SES, middle SES, high SES), (d) child severity of developmental delay at the time of transition (mild delay, moderate delay, severe delay), (e) the services the child was receiving in the Part C program, (f) the planning of transition, (g) the implementation of the transition plan, and (h) the outcomes for the child and family in the transition. Two experts in early childhood intervention and research reviewed the interview protocol. The experts provided feedback for revisions and clarification. Specifically, the experts provided suggestions for revisions in questions to match the purpose of each part of the interview (the planning of transition, implementation of transition planning, and outcomes for the child and family). In addition, the experts provided examples of interview protocols from previous studies to guide the question development. The researcher also conducted a pilot interview with a Part C service coordinator to ensure question clarity, as recommended by Shadish, Cook, and Campbell (2002).

Procedures

The University of Connecticut Health Institutional Review Board (UConn Health IRB) approved this study on November 3, 2017. Once UConn Health IRB approval was obtained, an application was submitted and approved through the Connecticut Office of Early Childhood (CT OEC) IRB in December 2017.

Recruitment. Service coordinator recruitment occurred between November 2017 and May 2018. Service coordinator participants were recruited using email, social media, and website through the University of Connecticut University Center for Excellence in Developmental Disabilities (UConn UCEDD). Recruitment emails (Appendix B) were sent to UConn UCEDD early childhood email listservs and all 33 Connecticut Part C program directors. Recruitment information (Appendix C) was posted on the UConn UCEDD Facebook page, and shared on the Connecticut Part C blog under the CT OEC. Posted recruitment information linked to a more detailed study information sheet (Appendix D) on the UConn UCEDD website. All emails and study information pages on the website included a description of the purpose of the study, inclusion criteria for service coordinator participation, requirements for participating in an interview, and contact information for the researcher. Service coordinators interested in participating were asked to email the researcher to volunteer for the study. In Connecticut there are 545 Part C service providers and 290 of those providers are service coordinators across 33 Part C programs (N. Cossette, personal communication, November 5, 2018). The initial goal was to recruit 10 service coordinators to participate and complete the interview. Fourteen service coordinators contacted the researcher and expressed interest to participate. Interested service coordinators were reminded of the inclusion criteria for the study. The researcher confirmed eligibility before an interview time was scheduled. Of the 14 service coordinators that contacted the researcher, 11 service coordinators met inclusion criteria and participated by completing the interview.

Service Coordinator Interview. After the interview protocol was approved by the UConn Health IRB, service coordinator interviews were conducted between November 14, 2017 and June 12, 2018. Interviews were scheduled in 2-hour blocks. Service coordinators were

scheduled to complete interviews using Zoom meeting so interviews could be recorded. Service coordinators were provided with a Zoom meeting link accessible through their computer as well as a phone number and passcode to join the interview using the phone. Video options were disabled on the Zoom account, so all interviews were audio taped only.

The interview began by reminding service coordinators they would be describing the transition experience of two families, one where the transition went well and one where the transition did not go well. They were also told to choose children and families that transitioned out of Part C because the child was turning 3-years old.

The semi-structured questions and probe questions outlined in the interview protocol prompted responses regarding the transition planning, implementation of the plan, and outcomes for the child and family. Semi-structured questions included:

- Tell me about what was on the transition plan that was developed and who was involved in the planning.
- Tell me about the receiving program options that were available for this child and family, and how was it decided where the child would go after birth-3.
- Tell me about how the plan was implemented with this child and family.
- Tell me about the child and family's experience during the transition.
- How would you describe the outcomes that occurred for the child and family?
- What other information, if any, do you feel is important for the child and family's transition experience that we haven't talked about yet?

Examples of probe questions included: "How did the parents know about their program options, if they had any?" "What were the parent expectations?" "What type of resources did you provide to manage expectations?" "Tell me about any visits the parents had to program

options and who arranged the visits?” “What type of information was shared between you and the school?” “What was the family’s response or reaction during the transition? What did they say? What did they do?” “Tell me what type of services were offered and accepted for the child in their receiving program” and “What was the family’s reaction to the plan for services?”

Data Storage. To protect confidentiality all of the data files were saved and labeled with the corresponding codes of service coordinators and family descriptions (i.e., SC4F2 is service coordinator 4, family 2). Interview recordings began after the service coordinator verbally granted permission to record. Once the recording began service coordinators were told the interview was being recorded and they had a right to ask to stop the recording at any time. Detailed notes of interview responses to questions and probes were taken during each interview (Appendix E), and interview recordings were used to ensure notes were accurate and included all information provided by the service coordinator. The recordings also ensured direct quotes were available for later data coding and analysis. Recordings and interview data were stored on a password-protected server

Data Preparation and Analyses

The researcher conducted all service coordinator interviews. Interview data were subject to three-pass-per-recording to ensure accuracy of data collection. The researcher first reviewed interview notes to proofread against the interview recording and made revisions and additions to notes. The researcher listened to the recording a second and third time against the interview notes to ensure accuracy of the coded responses as part of data preparation and analyses. A graduate student listened to 20% of the interview recordings and took notes to compare to the researcher’s interview notes as a data audit. The agreement between the researcher and the graduate student was calculated based on the matched statements used for the qualitative

analyses to answer Research Questions 1 through 4. The agreement was calculated by dividing the number of matched statements by the number of matched and unmatched statements combined, resulting in 86% agreement of statements.

A qualitative iterative approach was used to answer research questions 1 through 4 (see Figure 2). The purpose of the qualitative process was to determine whether what service coordinators were describing, as a successful and unsuccessful transition, was consistent, and serving as a second-level check for what is known from the transition literature.

Next, the service coordinator responses were coded based on service coordinator descriptions of transition outcomes and practices in the interview data. Finally, program, family, and child descriptors were summarized into tables to determine the proportion of each descriptor level across the transition outcome as reported by the service coordinator.

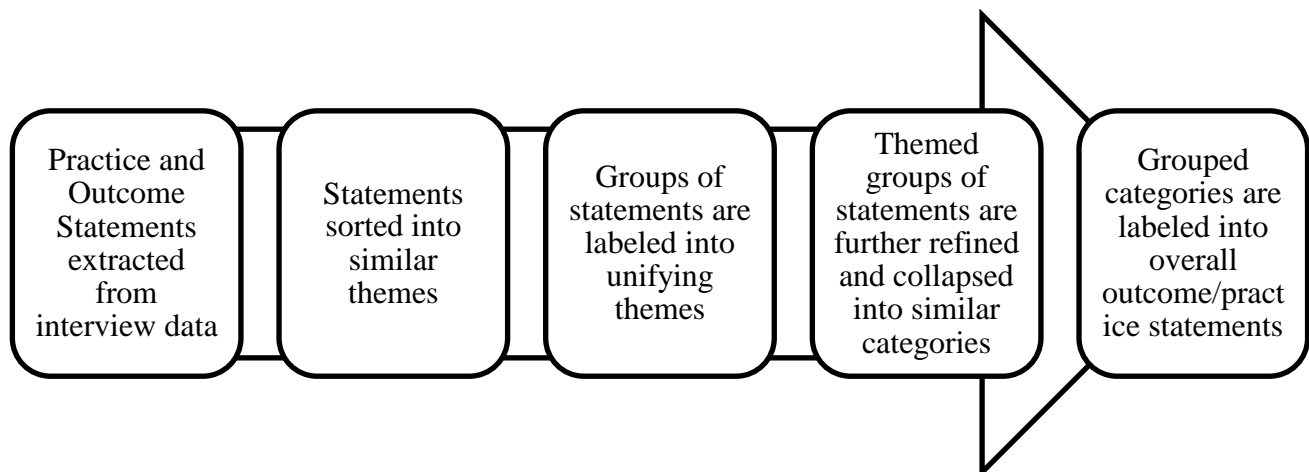


Figure 2. Steps of the categorization, reduction, and theming process

Interview Analyses. The first two research questions related to the outcomes associated with the transition experiences described by the service coordinators. Outcomes of early childhood intervention transitions can be defined using the work completed by the Early Childhood Outcomes Center (ECOC), a Technical Assistance center funded by the Office of Special Education Programs (OSEP) under the U.S. Department of Education from 2003-2013.

An outcome was defined as “the benefit experienced as a result of services and supports provided for a child or family. The fact that a service had been provided does not mean that a positive outcome has been achieved” (Bailey & Bruder, 2005, p. 2). Although the ECO Center does not consider reported family satisfaction as an outcome of early intervention services, the perception of parents, including satisfaction, has long been measured as part of research in early childhood intervention transitions. In fact, parents have indicated that being satisfied with the services provided is an important and beneficial outcome of early intervention (Dunst & Bruder, 2002). Statements from the outcome related question in the interview protocol were extracted to be used in the qualitative process. Any statement related to practices in the outcome question, and subsequent probe questions, were not included. To answer research question 1, the outcomes for the families for whom transition outcomes were successful were sorted into outcome categories through a categorization, theming, and reduction process (see Figure 2; and Bruder et al., 2005; Li, Marquart, & Zercher, 2000).

The next step involved identifying the groups of statements being labeled into unifying themes and gaining consensus about the themes and wording from an expert in early childhood intervention, replicating the process conducted by Bruder et al. (2005). The themed categories were refined and collapsed into similar categories. The collections of collapsed categories were labeled into final outcome statements. During the final step, the researcher reviewed the categories and outcome statements with an expert in early childhood intervention to ensure consensus of wording, category themes, and statements. The same iterative process was used for the outcome statements when transitions were not successful, as reported by the service coordinators.

To answer Research Questions 3 and 4, practice statements were extracted from the interview data and used to conduct the previously described categorization and theming process.

Service coordinator practices were defined as

[T]he activities carried out to assist and enable the eligible child and their family to receive the rights, procedural safeguards and services that are authorized to be provided under the state's early intervention program. This includes coordinating all services across agency lines, and serving as the single point of contact to help families obtain the services and assistance they need. (IDEA, 303.22 USC § 1436, 2004).

The practices reported by service coordinators for the 11 families for whom a transition was considered successful and 11 families for whom a transition was considered unsuccessful were sorted into practice categories using the same categorization and theming analysis used in the analysis of outcome data.

For each of the family experiences (successful and unsuccessful) the researcher sorted the practices into categories. The next step involved labeling the groups of statements into unifying themes, and gaining consensus in themes and wording from an expert in early childhood intervention. Themes were refined and collapsed. The collapsed categories were labeled into final practice statements. Finally, the researcher reviewed the categories and practice statements with an expert in early childhood intervention to ensure consensus of wording, themes, categories, and statements for the practices reported by service coordinators in both successful and unsuccessful transitions.

Quantitative data analysis was conducted to answer research question 5 and 6. Interviews were coded (Campbell et al., 2013) based on the reported consistency in the use of identified practices of communication and collaboration, which had been identified as important practices

in transition through the literature review (e.g., Bruder, 2010; Bruder & Chandler, 1993; Daley et al., 2011; Hamblin-Wilson & Thurman, 1990; Lovett & Haring, 2003; Pinnock, 2003; Rosenkoetter et al., 1994; Rosenkoetter et al., 2009). The associated practice characteristics of communication determined from the literature for transition included:

- Service coordinators are aware of, and follow, methods in place to support communication within and across programs.
- Service coordinators are the primary contact person in the Part C program and help parents to identify the primary contact person in receiving program options.
- Service coordinators share birth to three team information with the receiving program including the transfer of documents (e.g., IFSP, assessments, etc.).

Collaboration and the associated practice characteristics were also identified using results from the literature review (Bruder, 2010; Fowler & McCollum, 2000; Rosenkoetter et al., 2009; Rosenkoetter et al., 2001; Troup & Malone, 2002). The associated practice characteristics for collaboration included:

- Service coordinators help facilitate visits to the school program options as part of transition planning.
- Service coordinators help facilitate a transition conference with the family and school (receiving program) personnel.
- Transition-related activities occur with both Part C and receiving program personnel (such as having an overlap in services, providing birth-3 services in the classroom, or school personnel coming to the home).

The probes to the interview questions resulted in descriptions of service coordinator reported practices used for coding. The descriptions of service coordinator transition practices were

coded on a three-point scale based on the associated practice characteristics (3=consistent, 2=neither consistent nor inconsistent, or 1=inconsistent). Coding was conducted based on the reported descriptions of the service coordinator practices identified. When the associated practice characteristics were present in the service coordinator practice descriptions the practice was coded as consistent. When the associated practice characteristics were not present in service coordinator descriptions the practice was coded as inconsistent.

The transition outcomes that were coded for the quantitative analysis were identified based on the literature review and previous research in early intervention outcomes (Bruder, 2005; Dunst & Bruder, 2002; Hamblin-Thurman & Wilson, 1990; Wolery, 1989). Outcomes coded included:

1. The child had a continuity of service or programming.
2. Families were prepared for the transition process.
3. Families reported being happy with the program planned for when the child turns three-years-old.

The probes to the interview questions resulted in descriptions for child and family experiences and transition related outcomes. The outcomes of transition experiences were also coded on a three-point scale (1=unsuccessful/negative, 2=neither successful nor unsuccessful, 3=successful/positive). The service coordinators reported the child's plan for programming after the child turned three-years old, which was used to code the continuity of service (successful= the child had a program in place meeting the needs of the child; unsuccessful= a program was not planned). In addition the service coordinators reported "what the family said or did" to indicate how they felt about the program process to indicate their preparedness and their response to what the program in place for when the child turned three-years-old. When the

outcome was present in the service coordinator descriptions for the child and family, the outcome was coded as successful. A graduate student in early childhood intervention conducted interrater agreement coding across service coordinator transition practices and outcomes. The graduate student was provided with the interview notes and recordings and coded 20% of the service coordinator interviews. The interrater agreement was calculated using the number of coding agreements divided by the number of agreements and disagreements combined, according to Campbell et al. (2013). The interrater agreement between the researcher and the graduate student was 94.4% of agreed codes. The coded data were used for pattern matching to determine if the transition practices, and associated practice characteristics, were related to a transition outcome for the child and family in an expectant manner.

Each case for all service coordinators had two codes associated to including the consistency of the practice and the success of the transition outcome from using that practice. The coded data were put into pattern matching tables across each practice and outcome for successful and unsuccessful transitions. Pattern matching tables were used with coded data for the analyses and visually analyzed. The pattern matching tables were constructed with the total coded practices and outcomes across all service coordinator interview data. The data were compiled into a table to conduct a visual pattern matching analysis across the consistency of practices and the success of outcomes. Pattern matching identifies and compares patterns that are evident in raw data against hypothesized patterns (Yin, 2009). The purpose of pattern matching is not necessarily to confirm or disprove a hypothesis, but rather build on the explanation of how and why patterns are matched or not, which builds validity to modify a conceptual framework in future research (Yin, 2003).

Replication logic was used based on the results of the pattern matching tables. In case study research pattern matching enhances the rigor of the research if the empirically found patterns match those that are predicted patterns (literal replication). In contrast, if the patterns do not match it is an opportunity for the researcher to examine alternative explanations to those findings from the data (theoretical replication) (Yin, 2009; Yin, 2014). The results from the pattern matching data were compared to the literature review of transition practices and outcomes for children and families. The comparison involved visual analysis of the pattern matching tables and determining if the coded descriptions of practices and outcomes matched what was determined in the literature. It is predicted that service coordinator practices that are consistent with the literature will result in successful transition outcomes, demonstrating literal replication. In addition, service coordinator practices that are inconsistent will result in unsuccessful transition outcomes.

Research Question 6 was also answered using quantitative analyses. The service coordinator rated each variable described above (program, family, and child) at the beginning of the interview. Early intervention program structure was measured by the service coordinator reported caseload of the children and families they serve. Service coordinators reported having caseloads of children with global developmental delays, children with ASD, or a mix of children with global delays and children with ASD. Service coordinators also reported the family variable socioeconomic status and child severity of developmental delay. Each variable was coded using a three-point scale (service coordinator caseload: 1=global delays; 2=ASD; 3=mix; family SES: 1=low SES, 2=middle SES, 3=high SES; child severity of delay: 1=mild delay, 2=moderate delay, 3=severe delay). The research question is answered using proportions across each coded descriptor based on service coordinator reported outcomes.

Chapter IV: Results

Participants

Service Coordinators. Across 33 Part C programs in Connecticut there are 545 service providers in Part C and 290 of these service providers are service coordinators (N. Cossette, personal communication, November 5, 2018). Fourteen service coordinators made contact with the researcher by email indicating their interest in participating in the study. Eleven service coordinators met inclusion criteria, completed the interview, and were included in the data analysis. Two of the service coordinators excluded from participating did not have two transition experiences of families within the last 6 months to one year. The other service coordinator excluded from the study was working in a preschool program and had not worked in Part C in over one year. Interview lengths ranged from 52 minutes to 89 minutes, with a mean length of 65 minutes.

The service coordinators were interviewed about two families, one for which the transition went well and another for which the transition did not go well, resulting in descriptions of 22 family transition experiences. The family descriptions included the service coordinator reported categorization of family SES, child severity of developmental delay, and information about their transition process (including planning, implementation of planning, and outcomes). Participating service coordinators ranged in years of experience in the Connecticut Part C program between two years to over 25 years, with a mean number of 10.95 years of experience. Eight of the 11 service coordinators had a master's degree as their highest level of education and the other three service coordinators had a bachelor's degree. Service coordinators varied in professional discipline areas which included (a) education (education, special education, early childhood education, and early childhood special education), (b) psychology/behavior analysis,

(c) social work, (d) occupational therapy, (e) physical therapy, and (f) speech-language pathology. Service coordinator demographic characteristics are summarized in Table 2.

Table 2

Demographic Characteristics of Service Coordinator Participants

Characteristics	Number of SC ^a
Professional Discipline	
Teacher (ED, ECE, SPED, ECSE)	4
Psychology/Behavior Analysis	2
Social Work	1
Occupational Therapy	2
Physical Therapy	1
Speech-Language Pathology	1
Total Years as Service Coordinator in CT Part C	
0-2	1
3-5	2
6-10	4
11-15	2
16-20	1
21-25+	1

Note: SC=Service Coordinator; ED=Education; ECE=Early Childhood Education; SPED=Special Education; ECSE=Early Childhood Special Education.

^a.N = 11

The interview responses with the service coordinators were used to identify common transition outcomes related to successful and unsuccessful transitions as well as common transition practices reported by service coordinators for successful and unsuccessful outcomes. A preliminary analysis of interview data was completed using a qualitative sorting and theming process based on the content in interviews.

Data Analyses

Preliminary Data Reduction. To answer Research Questions 1 through 4, the iterative categorization and theming approach based on the research conducted by Bruder et al. (2005) described in the method section was used. The responses from the service coordinators to the outcome-related question were used to answer Research Questions 1 and 2. Responses to the questions and subsequent probes of service coordinators' descriptions of outcomes, which were practice-related were not included in the analysis. The responses from the service coordinators to the practice-related questions and probes were used to answer Research Questions 3 and 4. Responses within the practice-related questions and probes that were outcome-related were not included in the analysis.

Research Question 1. What do Part C service coordinators describe as a successful transition between Part C and Part B 619, as reported in an interview when asked to describe a transition of a child and family from Birth-3 that went well?

The outcomes for the 11 family experiences shared by service coordinators when transition outcomes were successful were initially sorted into 20 outcome categories through a categorization process (Bruder et al., 2005; Li et al., 2000). The statements were grouped into categories based on the theme within each group. Each initial category had between one and 11 outcome statements, with a total of 81 statements used in the initial analysis. The results from the reduction and comparison of service coordinator reported outcomes yielded five outcome categories for transitions that went well (successful). The initial outcome categories and number of outcome statements for each initial category are provided in Table 3.

Table 3

Initial Successful Transition Outcome Categories

Initial Outcome Categories	Outcome Statements ^a
Family was happy with program offered	11
The parents got what they wanted	7
Child was eligible and received programming	6
The family was prepared	6
No lag in service delivery	6
Short lag in service delivery (with plans)	5
Child had positive response to transition activities	5
Collaborative planning occurred	4
Parents were happy with child activities	4
Parents made choices	4
Communication across programs occurred	4
Family was confident	4
Follow up plans were made	3
Comparable services between Part C and Part B 619	3
Family had support	3
Accurate assessments were used	2
Parents like the program teachers	1
Family was involved	1
Family knew providers before starting school	1
Family knew their child strengths and challenges	1

^a.N = 81

The outcome statements from the first category (Child was eligible and received programming) included statements such as “The child was determined eligible and received a four-day a week half day program” and “The child ended up in a four-day half day integrated preschool program”. An example of an outcome statement from a second category (Family was happy with program offered) where “The mom was very pleased with what was offered”.

After an expert reviewed the 20 initial categories, statements included in each category were collapsed into similar categories, resulting in 12 successful transition outcome categories. The remaining categories were reviewed and the expert provided input for theming of the categories and wording consensus. Categories were collapsed into five outcomes identified in successful transitions. These outcomes were:

1. The child had continuity of services between Part C and Part B 619.
2. The family reported [to the service coordinator] being happy with the preschool program offered.
3. Program/service expectations [from the parents] matched what was received.
4. Child had positive responses to transition-related activities.
5. The family was prepared for the transition process (i.e., meetings at the school).

The outcomes and 12 remaining outcome categories for successful transitions are summarized in Table 4 (see Appendix F for full list of outcome statements included in the analysis).

Table 4

Final Outcome Categories of Successful Transitions

Outcomes	Statement Category
Outcome 1: The child had a continuity of services between Part C and Part B 619	Child was eligible and received programming Comparable services between Part C and Part B 619 No lag in service delivery Short lag in service delivery (with plans)
Outcome 2: The family reported [to the service coordinator] being happy with the preschool program offered	Family was happy with program offered
Outcome 3: Program/service expectations [from the parents] matched what was received	Program/service expectations matched what was received
Outcome 4: Child had positive responses to transition-related activities	Child had positive responses to transition activities Parents were happy with child response
Outcome 5: The family was prepared for the transition process (i.e., meetings at the school)	Parents were able to advocate for what they wanted Family was confident Family knew their child strengths and challenges The family was prepared

Research Question 2. What do Part C service coordinators describe as an unsuccessful transition between Part C and Part B 619, as reported in an interview when asked to describe a transition of a child and family from Birth-3 that did not go well?

The same method of categorization and theming analysis was used for Research Question 2. Results from the reduction of service coordinator reported outcomes yielded five outcome

categories for transitions that did not go well (unsuccessful). The outcomes for the 11 family experiences described by service coordinators when transition outcomes were unsuccessful were initially sorted into 16 outcome categories through a categorization process (Bruder et al., 2005; Li et al., 2000). The groups of statements were labeled into themed categories. Each initial category included between one and 11 outcome statements in an outcome category, with a total of 55 statements used in the initial analysis. The 16 outcome categories and the number of outcome statements for each category for unsuccessful transitions, as reported by the service coordinators, are shown in Table 5.

Table 5

Initial Unsuccessful Transition Outcome Categories

Initial Outcome Categories	Outcome Statements ^a
Miscommunication from the school	11
What parents wanted was not offered	6
Child was fine during transition activities	5
Lack of options from school	5
Child was not eligible for preschool special education	4
Parents had to fight for programming	4
Services were different than what parents wanted	4
Eligibility was undetermined by age 3	3
Gap in services	3
Parents were ultimately happy they just had a placement	3
The family found supplemental services	2
Family had knowledge and support	2
Child was confused	1
Follow up plans were made for after start of school	1
Services started when child turned 3	1

^a.N = 51

An example of an outcome statement was “the family was upset about having to ‘fight’ for the services that they thought he should have,” which was categorized as “Parents had to fight for programming”. Another example of an outcome statement was “The outcome was really different than what was expected. The parents expected him to be eligible but he wasn’t”, which was categorized as “child was not eligible for services”.

The expert in early childhood intervention reviewed the initial categories. The statements were clarified and categories were refined, resulting in 10 unsuccessful outcome categories. Categories were further collapsed and labeled into 5 outcomes identified in unsuccessful transitions. These outcomes were:

1. There was not a program planned for when the child turned three-years-old.
2. Lapse in services between Part C and Part B 619.
3. Family unhappy with the difference in what they expected for programs and what was offered.
4. Lack of communication between preschool programs and parents.
5. Parents reluctantly accepted program offered so their child could have some level of service.

The final outcome statements for unsuccessful transitions are shown in Table 6 (see Appendix F for full list of outcome statements included in the analysis).

Table 6

Final Outcome Categories of Unsuccessful Transitions

Outcomes	Statement Category
Outcome 1: There was not a program planned for when the child turned 3 years old	Eligibility undetermined by age 3 Child not eligible for services
Outcome 2: Lapse in service delivery between Part C and Part B 619 (for those eligible)	Gap in services
Outcome 3: Family unhappy with the difference in what they expected for programs and what was offered	Services were different than what parents wanted Lack of options from school Parents had to fight for programming
Outcome 4: Lack of communication between the preschool program and parents	Miscommunication from school
Outcome 5: Parents reluctantly accepted program offered so their child could have some level of service	Parents ultimately accepted placement option provided Services started when child turned 3

Research Question 3. What practices do Part C service coordinators report implementing when asked to describe a transition between Part C and Part B 619 that resulted in successful outcomes?

Similar to the method of analysis for Research Questions 1 and 2, a categorization and theming process was used as the method of analysis of service coordinator practices for Research Questions 3 and 4. Results from the reduction of service coordinator-reported practices yielded 6 practice categories for transitions that went well (successful). The practices for the 11 family experiences described by service coordinators when transition outcomes were successful, were initially sorted into 14 practice categories through categorization and theming. The groups of statements were labeled into categories. The number of practice statements for the initial set of

practice categories ranged from one to 11. The initial 14 practice categories and the number of statements included in each initial category are shown in Table 7.

Table 7

Initial Successful Transition Practice Categories

Initial Practice Categories	Statements in Category ^a
Service coordinator provided resources about program options	11
Service coordinator helped family prepare for school transition meetings	10
Communication mechanisms between service coordinators and schools	8
Service coordinator helped schedule program visits	8
Service coordinator followed up after transition	8
Transition planning began early (included timelines and goals)	5
Collaborative planning with birth-3 and school	5
Family articulating goals for their child	4
Parents had choices	3
Getting to know and understand the family	2
Overlap in birth-3 and school timelines	2
Families had outside support	2
Service coordinator has relationship with district personnel	2
Service coordinator helped family identify 619 contact person	1

^a. $N = 71$

Examples of practice statements included “the service coordinator shared as much information as possible about the different scenarios to expect in the transition process” and

“there was practice dialog to prepare the mom for meetings”. These examples were categorized under ‘Service coordinator helped prepare families for the transition meeting’. Another example of a practice statement was “the service coordinator provided resources and helped parents look into program options in their community,” which was categorized under ‘service coordinator provided resources about program options’.

An expert in early childhood intervention provided input to further refine the categories. After statements and categories were clarified and refined, nine successful practice categories remained. Categories were collapsed and labeled into six practices identified in successful transitions. In addition, practices are categorized into family level and system level practices. The practices for successful transitions included:

Family-Level Practices

1. Service coordinator prepared families using discussions and practice dialogs.
2. Service coordinator provided resources on program options.
3. Service coordinator facilitated visits to programs.
4. Service coordinator followed up with the family after the transition occurred.

System Level Practices

5. Service coordinator facilitated system to system (Part C to Part B 619) communication.
6. Service coordinators conducted sessions in the Part B 619 classroom prior to the child turning.

The final sets of practices included in each practice category for successful transitions are shown in Table 8 (see Appendix F for full list of practice statements across each category).

Table 8

Final Practices and Categories of Successful Transitions

Practices	Category Statements
Family Level Practices	
Practice 1. Service coordinators prepared families using discussion and practice dialog	Service coordinator helped family prepare for school transition meetings Family articulating goals for their child
Practice 2. Service coordinators provided resources about program options	Service coordinator provided resources about program options
Practice 3. Service coordinators facilitated visits to programs	Service coordinator set up visits to programs
Practice 4. Service coordinator followed up after transition occurred	Service coordinator followed up
System Level Practices	
Practice 5. Service coordinator facilitated system to system communication	Communication mechanisms were followed Service coordinator has relationship with district personnel
Practice 6. Service coordinators conducted Birth-3 session in classroom	Overlap in birth-3 and school

Research Question 4. What practices do Part C service coordinators report implementing when asked to describe a transition between Part C and Part B 619 that resulted in unsuccessful outcomes?

Finally, the same categorization and reduction process was used for the practices identified by service coordinators when transitions did not go well (unsuccessful). The practices identified from the service coordinator interview notes and recordings focused on what did not happen that resulted in an unsuccessful transition. Results from the reduction and comparison of

service coordinator reported practices yielded seven practices common to unsuccessful transitions. To answer research question 4 the practices for the 11 family experiences shared by the service coordinators when transition outcomes were unsuccessful were initially sorted into eight practice categories through the categorization and theming. The groups of statements were labeled into categories. The number of statements included in each category ranged between one and six with a total of 31 statements used in the initial analysis. The initial practice categories and number of statements included in each category for unsuccessful transitions are shown in Table 9.

Table 9

Initial Unsuccessful Transition Practice Categories

Initial Practice Categories	Statements in Category ^a
Service coordinator referred to an outside resource	6
Miscommunication with parents on what to expect during transition	5
Multiple program options were not explored	5
Difficulty in communicating with the school	5
Service coordinator communicated without parents	3
There were no visits to the school	3
Service coordinator was not involved with the school	2
The service coordinator shared reports with the school	1

^a $N = 31$

Examples of practices included in the analysis were “Conversations about programs happened but the mom was expecting someone to do it for her” and “As the service coordinator ‘I gave her false hope’ leading her to believe he would definitely be eligible for preschool programming”. Both of these examples were categorized as “miscommunication with parents on

what to expect during transition”. An expert in early childhood intervention provided feedback and input to clarify and refine statements and categories. The categorization process resulted in an expansion of categories, resulting in nine categories of unsuccessful transition practices. The practices identified as unsuccessful transitions were also categorized into family level and system level practices. The nine categories were collapsed and labeled into seven practices that were identified in unsuccessful transitions. The final unsuccessful transition practices were:

Family-Level Practices

1. Communication did not occur between the 3 key stakeholders together.
2. Service coordinator did not prepare families.
3. Multiple options were not provided.
4. Service coordinator referred parents to outside/legal resource.
5. Visits to programs were not facilitated.
6. Family barriers to access resources not addressed.

System Level Practices

7. School did not follow timelines or provide information.

The final practices and categories included in each practice for unsuccessful transitions are shown in Table 10 (see Appendix F for full list of practice statements in each category).

Table 10

Final Practices and Categories of Unsuccessful Transitions

Practice	Category Statement
Practice 1. Communication did not occur between the 3 stakeholders together	Service coordinator and school communication Parent and service coordinator communication School and parent communication
Family Level Practices	
Practice 2. Service coordinator did not prepare families	Service coordinator did not prepare families
Practice 3. Multiple options were not provided	Multiple options not provided
Practice 4. Service coordinator referred parents to outside/legal resource	Outside referral
Practice 5. Visits to programs were not facilitated	Parents didn't do a visit
Practice 6. Family barriers to access resources not addressed	Barriers to access
System Level Practices	
Practice 7: School did not follow through on timelines or provide information	School miscommunication

Pattern Matching. Both pattern matching and replication logic were used to analyze the case study data (Dunst, 2015; Hak & Dul, 2010).

Research Question 5. How does the reported consistency of practices implemented by Part C service coordinators relate to the result of transition outcomes? (a) Do consistently

implemented recommended transition practices by Part C service coordinators result in more positive child and family transition outcomes? (b) Do inconsistently implemented recommended transition practices by Part C service coordinators result in negative (non-positive) child and family transition outcomes?

Service coordinator descriptions of practices and outcomes of transition experiences reported by Part C service coordinators were coded using the definitions identified through the literature review described in Chapter II. The practices of communication and collaboration were coded on a three-point scale of consistency, and the outcomes of transition were coded on a three-point scale of success/unsuccessful. Once coding was completed by the researcher, a graduate student in early childhood coded 20% of the interview data, resulting in 94.4% agreement.

The coded data were put into tables for successful and unsuccessful transitions. Table 11 shows the results for the relationship between service coordinator practices and the successful child and family transition outcomes. A majority of practices that were coded as being consistent with the associated practice characteristics were related to successful, or positive, transition outcomes. In contrast, Table 12 shows the results for the relationship between service coordinator practices and the unsuccessful child and family transition outcomes (see Appendix G for all pattern matching code tables).

Table 11

Patterns of Responses for Successful Transitions Out of Part C

Practice Rating	Outcome Rating		
	Successful/Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Consistent	54	2	0
Neither Inconsistent nor consistent	6	2	0
Inconsistent	0	0	0

Table 12

Patterns of Responses for Unsuccessful Transitions Out of Part C

Practice Rating	Outcome Rating		
	Successful/Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Consistent	0	0	0
Neither Inconsistent nor consistent	0	5	44
Inconsistent	0	9	8

The data collected and coded from the 11 service coordinators across family descriptions in interview data suggested partial replication (Yin, 2014). The patterns of data shown in the pattern matching tables match the predicted patterns.

The following example illustrates an experience in which communication and collaboration were coded as consistent with a successful outcome, illustrating literal replication:

Service Coordinator Practices: The service coordinator provided the family with resources about their preschool options and had practice dialogs with the family to

prepare them for transition meetings with the school district. There was also communication between the birth-3 providers, parents, and school throughout the planning process, including a having a school district representative attend a transition meeting held at the home before the child turned 3. The birth-3 providers conducted sessions in the school classroom for 2 weeks before the child turned 3.

Child and Family Outcomes: The child received a program that matched what the parents expected and wanted. The parents saw multiple programs and decided that the school district in special education was the best fit for their child. They knew what to expect at the meetings with the school so nothing was a surprise to them.

In contrast, the following is an example of a situation in which communication and collaboration were coded as inconsistent and resulted in an unsuccessful outcome, also suggesting literal replication:

Service Coordinator Practices: All of the notes being sent home to mom were in cursive and it wasn't until they got to the transition meeting when they realized the mom couldn't read cursive. The service coordinator tried to talk to the family about the enrollment process for the school district and the school district mistook the mother's reactions as a bad attitude and not because she wasn't understanding.

Child and Family Outcomes: The mother had no idea what was happening, she didn't know if her son was going to get services and still didn't realize her son wasn't enrolled in school. The mother seemed upset and she was really confused about why her son wasn't going to school and getting services.

The service coordinators who reported inconsistent communication also reported a more negative, or unsuccessful, transition outcomes. Several additional examples of situations in

which communication was inconsistent were apparent in the service coordinator experiences are as follows. One service coordinator stated “we [service coordinator and parent] tried to communicate with the school, but the school told us that they wouldn’t share program information or come to any meetings until the child was determined eligible.” Another service coordinator stated “I tried to talk to the mom about what she had to do but the mom just expecting someone to do it for her.” Both of these interactions resulted in unsuccessful transition outcomes, including discontinuity of services or programs, and parents being unhappy with program options. In contrast, when communication occurred across the Part C service coordinator, preschool special educator, and parents, positive outcomes for the child and family during transition were reported by the service coordinator. For example, one service coordinator shared “this was an example of what a transition is supposed to be. Everyone was on the same page and shared information.”

Additionally, collaboration as a practice was also coded and identified by service coordinators as an important component of successful transition such that lack of collaboration impacted the outcomes for children and families resulting in descriptions of unsuccessful transitions. For example, one service coordinator shared, “Everyone was working together as a team, and everyone who should have been there was there to make it work.” The outcome for this child and family was being offered a variety of program options from which the parents were able to choose the options that would work best for their family. In contrast, one service coordinator shared, “we tried to talk with the school but they wouldn’t answer questions until he [the child] was determined to be eligible.” This child was ultimately found eligible, but the parents reluctantly accepted the services offered just so their child could have some type of programming; they were not happy because of a lack of options. These two contrasting

examples illustrate how the lack of involvement of one stakeholder impacted the outcome of transition.

Research Question 6. How do transition outcomes differ as a function of: (a) early intervention program structure (i.e., general early intervention programs compared to autism-specific programs; (b) family descriptors, specifically family socioeconomic status; and (c) child descriptors, specifically service coordinator reported child severity of developmental delay at the time of transition?

Program Structure. Service coordinators reported the disabilities of children on a majority of their caseload in their Part C program. The reported child disabilities of service coordinator caseloads have similar proportions across disability type (Table 13). Based on the program structures reported by service coordinators, the participants were fairly equally represented across program structures. Since all service coordinators described a transition that went well and a transition that did not go well, the program structure does not seem to indicate any different in transition outcomes based on program structure.

Table 13

Type of Disabilities of Service Coordinator Reported Caseload

Type of Disability	<i>n</i>
Global Delays	3
Autism Spectrum Disorder	4
50/50 Mix of Global Delay and ASD	4

Families. Each family identified by the service coordinator to participate in the interview was rated on the family descriptor of socioeconomic status (SES). Based on the professional opinion and experience working with the family, the service coordinator was asked to rate the family SES based on the family's ability to meet basic financial obligations such as rent/mortgage and food/meals. The service coordinator was given three options from which to choose: low SES, middle SES, and high SES. Of the 22 families, 11 were categorized as low SES, nine families were categorized as middle SES, and two families were categorized as high SES. The family SES reported for families when the transition was determined successful and unsuccessful by the service coordinator is summarized in Table 14.

Table 14

Numbers of Families Across Socioeconomic Status in Successful and Unsuccessful Transitions

Socioeconomic Status	Successful Transition ^a	Unsuccessful Transition ^a
Low SES	3	8
Middle SES	7	2
High SES	1	1

^a*N* = 11

Based on the service coordinator reported socioeconomic status of each family described during the interview the families categorized as low SES appeared in a higher proportion of the descriptions of unsuccessful transitions than families included in other SES categories.

Children. Service coordinators were asked to rate the severity of delay at the time of transition based on their professional opinion having worked with the child and family. The service coordinator was given three options from which to choose: including mild delay, moderate delay, and severe delay. Of the 22 children described in the interviews, three were rated as having a mild delay, 12 were rated as having a moderate delay, and seven were rated as having a severe delay at the time of transition. The child severity of developmental delay reported for transitions that were determined successful or unsuccessful by the service coordinator is summarized in Table 15.

Table 15

Numbers of Children Across Severity of Developmental Delays in Successful and Unsuccessful Transitions

Severity of Delay	Successful Transition ^a	Unsuccessful Transition ^a
Mild Delay	2	1
Moderate Delay	8	4
Severe Delay	1	6

^a.N = 11

Based on the service coordinator-reported child severity of developmental delay the children categorized as having a moderate and severe developmental delay at the time of transition appeared in a higher proportion of the descriptions of unsuccessful transitions than children included in other severity of delay categories.

Chapter V: Discussion

Case study methodology was used to examine service coordinator-reported practices and transition outcomes for children and families transitioning out of the Part C program in Connecticut. More specifically, this study was designed to identify the practices service coordinators described as being associated with successful and unsuccessful transition outcomes for children and families. The primary source of data collection was semi-structured interviews with Part C service coordinators in which they provided their judgments of family experiences when transition went well and not well. The results provide qualitative reports of service coordinator perceived outcomes of successful and unsuccessful transition and service coordinator practices and associated practice characteristics. The results also provide descriptive quantitative analyses of service coordinator descriptions of practices and transition outcomes. Replication logic and visual analysis of pattern matching tables were used to analyze service coordinator practice descriptions and transition outcomes. In addition, service coordinator reports were used to visually examine family and child variables of interest in successful and unsuccessful transitions. This chapter discusses key results for each research question, implications and areas for future research, implications for policy and implications for personnel preparation. Limitations of the current study are also addressed.

Research Questions 1: Successful Transition Outcomes

The findings from the qualitative categorization and theming process provided support that reported service coordinator descriptions matched what was identified in extant literature (e.g., Bruder, 2010; Pinnock, 2003; Rosenkoetter & Rous, 2009; Wolery & McWilliam, 1998). Similar to previous findings, children having a continuity of services and parent reports of being happy or satisfied with the program in which their child was attending were prevalent in the

transition descriptions of the participating service coordinators (Hanson et al., 2000; Pinnock, 2003). Service coordinators also reported that families experiencing successful transitions were prepared for the transition process and knew what to expect at the transition meetings. In addition, families having multiple program options and having the opportunity to make a choice of program placement for their child were identified as an outcome from service coordinator reports, similar to previous findings (Rosenkoetter & Fowler, 1994).

Children and families who are transitioning out of Part C could be entering a variety of settings, such as IDEA Part B 619 or community-based preschool programs. IDEA Part B 619 is an entitlement program based on eligibility criteria to receive special education services. Children could also transition into community-based preschool settings, such as a preschool at a church or community center, and not necessarily be receiving special education services. The data from this study indicates that the 11 children being described, by the service coordinator, as having a successful transition entered a Part B 619 program, continuing to receive some level of special education services. All 11 families described by the service coordinators in which the transition was successful indicated to the service coordinator that they were happy with the program options that were presented. The data supports speculation that service coordinators could be considering a successful transition to be when children continue receiving services in Part B 619. Since 53% (US DOE, 2017) of children do not qualify for Part B 619 it is important to consider other aspects of a successful transition to support the children and families who are not transitioning into a Part B 619 program. For example, providing the family with multiple preschool program options as well as preparing them for the difference in eligibility criteria between Part C and Part B 619.

Research Question 2: Unsuccessful Transition Outcomes

The outcomes indicated by the service coordinators for the 11 children and families whose transitions were described as unsuccessful included children having a discontinuity of services, a gap between programs, or children did not have a plan for a receiving program at the time of turning three-years-old. Unsuccessful transitions, described by the service coordinators, identified outcomes of parents being unsatisfied with the transition process. Service coordinators described experiences of parents not being provided with a choice of program options or not having an understanding about the transition process. In addition, there was a reported lack of communication between the receiving preschool program and the parents resulted in unsuccessful transition descriptions by the service coordinators.

The outcomes identified by the service coordinators for both successful and unsuccessful transitions also indicate reported inconsistency across family experiences in their transition out of Part C. Previous literature has suggested that transitions are unique to each child and family (Bruder & Chandler, 1996), but there are commonalities in outcomes that should be consistent across families. When families are reporting being unhappy with the transition process or results of transition related meetings, they are experiencing less successful transitions, according to service coordinator reports. In addition, children experiencing unsuccessful transitions, as reported by service coordinators, were less likely to have a program planned to enter at the time of turning three-years-old. A top priority for the transition from early intervention into a preschool program is preparing the parents to be active participants, including being involved in the planning and decision making, in the transition process (Rosenkoetter & Fowler, 1994). The data from this study indicate that parents were not prepared for transition meeting held at the school.

Seven out of the 11 children described as having an unsuccessful transition were either not found eligible for Part B 619 ($n=3$) or eligibility had not yet been determined when the child turned three-years-old ($n=4$). Service coordinators shared they were unsure of what the outcome for preschool programming for these children and families since their Part C services ended when the child turned three-years-old. By law the service coordinator is responsible for facilitating the transition plan and transition process for children and families but when service coordination stops without a clear plan parents are left to navigate the planning and transition process without the support of the service coordinator. Service coordinators did not report any specific consequences or ramifications when unsuccessful transitions were described, other than the negative outcomes for children and families. If service coordinators are responsible under the law to facilitate the transition for children and families from Part C to either Part B services as appropriate (IDEA, 636. 20 USC § 1436, 2004) or other services, there should be some level of accountability and adherence to their legal responsibilities. An area for future research could be to provide policy recommendations to ensure children and families are receiving their rightful supports and services.

Research Questions 3: Service Coordinator Practices for Successful Transitions

The practices reported across both the successful and unsuccessful transitions included practices associated with communication and collaboration. Other research has reported communication and collaboration practices to be important in transition, such as the sharing of information about the child between sending and receiving programs, conducting joint transition related meetings, and engaging in consistent communication with the parents throughout the transition process (Daley et al., 2011; Hanson et al., 2000; Pinnock, 2003; Rosenkoetter et al., 2001; Rous et al., 2009). The current study used the same theming and categorization process

conducted by Bruder et al. (2005) resulting in similar categorizations of family level and system level practices. Family level practices, such as service coordinators providing information and resources about programs to families and facilitating visits for the child and family to program options, have also been identified in previous research and recommendations in transition (Rosenkoetter et al., 2010; Rous et al., 2007). The practices categorized at the system level, such as facilitating communication between sending early intervention programs and receiving preschool programs, have also been identified in previous transition literature (Bruder & Chandler, 1993; Hanson et al., 2000).

Practices associated with successful transition descriptions can also be categorized according to the DEC Transition Recommended Practices. The system level practices identified in the data categorization and theming process align with the recommended practice described in TR1, and the family-level practices identified align with the recommended practice described in TR2. When service coordinators reported implementing transition recommended practices with children and families and the system timelines and procedural requirements are followed children and families experienced more successful transitions out of Part C.

Research Question 4: Service Coordinator Practices in Unsuccessful Transitions

The practices reported by service coordinators in unsuccessful transitions were not aligned with recommended transition practices, including not adhering to procedural timelines. Family level practices associated with unsuccessful transitions included the lack of facilitation of visits, the family not being included in communication between the Part C service coordinator and the school district personnel, the school district personnel to support the transition of incoming students were not being included in communication, and the parents not having choices or options of where their child was going to go when they turned three-years-old. In addition,

system level practices associated with unsuccessful transitions included procedural requirements, such as timelines, were violated. Connecticut service coordination procedures include identified service coordinator activities that align with the federal requirements of IDEA. Most specifically, service coordinator activities include “facilitating the development of a transition plan to pre-school services, if appropriate” (IDEA, 20 U.S.C. § 1400, 2004) as well as “assisting the family in locating services outside of the Birth to Three System” and “facilitating the development of a transition plan to other community services” (CT OEC, 2018). Several children ($n=7$) identified as having an unsuccessful transition were not eligible, or eligibility had not been determined, for Part B 619 at the time the child turned three-years-old. Connecticut service coordination procedures clearly state that service coordinators are also responsible for supporting the child and family through the transition, regardless of eligibility status for Part B 619. Most concerning in the descriptions of unsuccessful transitions are the lack of accountability and consequence for when procedural timelines were not followed. The service coordinator ended services when the child turned three, unsure of what the outcome of programming and eligibility will be for the child and family, with no indicated consequence for the system or providers. The consequence of not following procedural requirements falls on the child and family.

Service coordinators are responsible for specific activities outlined in IDEA (see Table 1) but should be engaging in family-centered practices in order to fulfill the legal requirements of the service coordinator role. The practices associated with facilitating the development of a transition plan should be in line with the family-centered philosophy, and subsequently translate into family-centered practices (Dunst, 2002). The results from the qualitative categorization and theming process showed inconsistencies in the implementation of family-centered practices,

which lead to variation in transition outcome experiences for children and families.

Communication across programs, facilitating visits to program options, and providing parents with program options were inconsistent for children and families who experienced an unsuccessful transition. Based on the interview data service coordinators are implementing family-centered practices, such as engaging families in the planning process and providing resources and individualized support for children and families, consistently for some children and families, but inconsistently across all children and families.

Research Question 5: Pattern Matching and Replication Logic

Prior to this study communication and collaboration had previously been identified as recommended practices for early childhood providers to facilitate the transition for children and families (e.g., Bruder & Chandler, 1993; Bruder, 2010) in transition to support young children with disabilities and their families. The associated practice characteristics for communication (service coordinators are aware of and follow communication procedures, service coordinators are the primary contact person for the family, and service coordinators share information with receiving programs) and collaboration (service coordinators provide program options, facilitate visits, facilitate transition meetings, and transition related activities are jointly conducted across the sending and receiving programs) along with transition outcome reports were used to code service coordinator descriptions based on their responses to interview questions and probes. The pattern of results and literal replication indicate that hypothesized relationships were found in the service coordinator descriptions of families. Pattern matching that shows the data to match the predicted patterns increase the internal reliability of the case study research (Yin, 2014). The results are similar to those that are described in previous research (Dunst, 2015), in that literal

replication was found for implementation of practices showing a relationship with family outcomes.

The quantitative analyses of coded practices and outcomes highlight the importance of the consistent use of practices by service coordinators to lead to more successful transition outcomes for children and families. The results from the pattern matching analyses lend itself to future research in this area. In particular, involving parents in the planning of transition creates consistency between interventionists, teachers, professionals, and parents to support the child in their environmental context (Rosenkoetter & Fowler, 1994). Future research questions could guide measures of involvement or engagement in the transition process from parents.

Research Question 6: Family and Child Descriptors

Family and child descriptors were identified in interview data to determine any differences in outcomes based on these variables. Children from low SES backgrounds are likely to have less desirable developmental outcomes (Walker et al., 1994). The results likewise suggested a connection between SES and transition outcomes. Families from higher socioeconomic backgrounds are likely to have higher levels of education and have been reported being more satisfied with the transition process (Hamblin-Thurman & Wilson, 1990). A majority (73%) of children and families with unsuccessful transition outcomes in this study, as reported by service coordinators, were categorized as having low SES. Families having low SES are likely to have less education and higher levels of stress when compared to families having high SES (Feinsten, 1993; McEwen & Gianaros, 2010). Parents have previously reported feeling overwhelmed or unprepared for the transition process and have a lack of understanding about the transition process (Lovett & Haring, 2003). The education level of the parents could contribute

to the level of understanding parents have about their rights, their program options, and the complexity of the transition process.

In addition to family variables the service coordinators categorized each child's level of functioning by being asked the severity of developmental delay at the time of transition (mild, moderate, or severe delay) based on their professional experience and observation of the child. It could be assumed that children with more moderate and severe delays at the time of transition would be more likely to be determined eligible for special education services, but the current data do not reflect that assumption. The children described in unsuccessful transitions were not all found eligible for preschool special education, even though service coordinators categorized those children as having more moderate or severe developmental delays. The service coordinators were asked to provide a response using a rating scale for child and family descriptors. According to IDEA service coordinators are required to have knowledge of child development. In addition, service coordinators in Connecticut are required to be knowledgeable about billing requirements, including the proper paperwork needed to submit for third party reimbursement for early intervention services (CT OEC, 2018). The knowledge detailed in the service coordination procedures for Connecticut assumes the service coordinators would have knowledge to be able to accurately respond to the child and family variable questions. Service coordinators have professional judgment based on their experiences and background working with children and families, but the rating scale is still subject to interpretation of the service coordinator. In future research, additional definitions of each rating scale could be provided to ensure the service coordinators are accurate in their rating of child and family variables.

Implications for Future Research

Multiple studies examining the transition from Part C to preschool have found that communication and collaboration across all stakeholders (Part C, preschool, and parents) are associated with more positive transition experiences for children and families (Hamblin-Thurman & Wilson, 1990; Hanson et al., 2000; Lovett & Haring, 2003). Previous literature has also indicated inconsistencies in the implementation of personnel practices resulting in variation of transition outcomes for children and families (Rous et al., 2007. Rosenkoetter et al., 2009). This study also found that the use of communication and collaboration practices identified by service coordinators were associated with more successful transitions for children and families, and inconsistencies in communication and collaboration practices were associated with more unsuccessful transitions for children and families. The field has invested in recommended practices (DEC, 2015; Rous et al., 2007), but the results from this study in addition to other previous transition research lead to additional questions for future research to understand why practices are being implemented inconsistently with children and families.

To address the inconsistent use of practices future research should focus on implementation studies to identify the barriers to implementing recommended transition practices. Previously identified barriers have been reported for teachers such as time and resource availability, and the structure of fees and billing (Hanson et al., 2000) but additional research is needed to understand barriers for service coordinators. There is no shortage of resources for early childhood transition that have been made available such as books, resource guides, and checklists (Rous et al., 2010; Early Childhood Technical Assistance Center [ECTA], 2018). The next step in research should be to understand what, and how, service coordinators are using already available resources to support and facilitate the transition for children and

families, and importantly what are the barriers to accessing or using the available resources. Investigating the use of resources could provide additional quantitative research to build the knowledge in the area of transition. A survey method could be used to target providers across the country to determine their use of resources and materials that already exist that aim to support the transition process for children and families. In addition, it could be beneficial to utilize single-subject research design to investigate the implementation of a specific resource, such as a transition practice checklist developed by ECTA (ECTA, 2018). It would also be important to measure how the implementation of resources impact child and family outcomes in transitions.

Communication as a practice was determined by previous literature and reiterated by the results of this study and highlights the opportunity for more in-depth studies focused specifically on the types of communication used with families who experience successful transitions. Previous research has suggested the use of low intensity practices and high intensity practices involving communication from the school perspective, such as sending letters home and having one-on-one meetings with parents to support the transition (from preschool to kindergarten) (Daley et al., 2011). Additional research is needed to examine the use of communication practices used to communicate with families from the Part C perspective, as well as the communication mechanisms used with families, such as in-person conversations, the use of technology, frequency of communication, and the content of the communication. Although transition is guided by the federal requirements of IDEA service coordinators shared that each school district in Connecticut has its own set of policies, procedures and process for transition, and they are required to know how each district handles the transition of children from Part C. For example, each district can decide how they are going to conduct an eligibility evaluation

including doing an individual one-to-one assessment, doing a play based assessment, or using the Birth to Three updated assessment information (CT SDE, 2014). Teachers have indicated wanting to be involved in the transition process (Hanson et al., 2000), but policies and collaborative agreements could influence the collaboration efforts of service coordinators and families with the school. Service coordinators serve families across multiple school districts and therefore need to be aware of each district's policies and procedures for transition.

It has been evident from previous research and literature that there are multiple stakeholders in the transition process for a young child. To address the perspectives of additional stakeholders, a similar method of case study research could be used in future research.

Conducting interviews with personnel from Part B 619 involved in transitions out of Part C would provide another valuable perspective on the transition process. In addition, it would be valuable to conduct a similarly designed study with other community preschool personnel of their experience with children who are transitioning from a Part C program and are determined not eligible for preschool special education. Future research should also explore ways to include family's perceptions. In particular, identifying ways for the research team to work directly with families to gather more information about their experience of transition outcomes would allow future studies to include valuable information that could not come directly from the service coordinators or other providers.

Implications for Policy

Transitions across systems are influenced by the federal, state, and program level policies. Connecticut is comprised of 169 towns each with their own school district, which could influence the collaboration efforts of the service coordinators and families with the school. Service coordinators serve families across multiple school districts in which each district

determines how they are going to conduct evaluations to determine eligibility (CT SDE, 2014).

The service coordinators need to be aware of and informed about each district's policies and procedures regarding transition, which could be difficult. It would be beneficial to look more closely at the district level policies and collaborative agreements with Part C programs.

Researching collaborative agreements and activities associated with transition policies and procedures could help determine any impact on both service coordinator practices and transition outcomes for children and families. This could be done through document analyses of the required formal written collaborative agreements for transition. Also, surveys or interviews of personnel could provide more information on personnel knowledge regarding the collaborative agreements with varying programs. The results from future research can provide additional information to guide future policy and practice implications.

Implications for Personnel Preparation

The eligibility requirements differ between Part C and Part B 619 under IDEA. Part C eligibility is determined by having an established condition or developmental delay and Part B eligibility is determined by an evaluation to establishing if a child's disability has an educational impact. Service coordinators in this study described varying outcomes for children regarding their eligibility for Part B 619. Even though all children described by service coordinators ($N=22$) were receiving services in Part C, they were not all found eligible to receive services under Part B 619. The children described as having a successful transition were all found eligible to receive services under Part B 619 ($n=11$) where as only some of the children described as having an unsuccessful transition were found eligible for Part B 619 services ($n=4$). If service coordinators consider a successful transition as the child only being eligible for special education, there needs to be continued work to support service coordinators in knowing about

other community-based resources and programs that are available for children and families. As indicated in data from the US Department of Education (U.S. DOE, 2017), only 47% of children exiting Part C are entering Part B 619 at the time of transition in Connecticut. The remaining 53% of children could be going to a variety of other programs. Part C Personnel need to understand the transition requirements to better support children and families as they move across the varying eligibilities of programs (Jewett et al., 1998; Kemp, 2003). The results reiterate the need for service coordinators to be knowledgeable of multiple program options for families to explore as they prepare to transition out of Part C. In addition, Connecticut service coordinator training includes several modules on the procedural requirements of paperwork and timelines as outlined in the law (CT OEC, 2018). Personnel training in service coordination should look at ways to include more detailed material of service coordinator practices associated with successful transitions for children and families. Future research could also examine current service coordination training requirements across states and look at the relationship between training and the implementation of service coordinator practices.

A majority of service coordinator participants held a master's level degree ($n = 8$, 73%), across varying disciplines (i.e. early childhood special education, speech-language pathology, occupational therapy). Service coordinators come from a variety of disciplines (e.g. speech-language pathology, occupational therapy, physical therapy, early childhood education, early childhood special education). Throughout their preparation programs, there is no guarantee that these disciplines involved in providing early intervention services are exposed to young children and families in their undergraduate or graduate programs (Bruder, 2000). It has been shown in previous research that content related to early intervention is not embedded in pre-service content for undergraduate and graduate programs, and no pre-service programs showed sufficient

content for preparing service coordinators in early intervention (Bruder & Dunst, 2005). Service coordinators are required to complete the state service coordinator one-time training (CT OEC, 2018) but without adequate pre-service preparation (Bruder & Dunst, 2005) it would be unwise to assume the one-time training is sufficient to provide service coordinators with all they are required to know and do to be an effective service coordinator.

Some service coordinators completed the state training up to 25 years ago when they first became service coordinators under Part C in Connecticut (see Table 2). The one-time service coordinator training does not include any follow-up or additional training requirements from the state once service coordinators have begun their role with children and families. The individual programs in the state providing Part C services may conduct additional service coordination professional development, but this could be inconsistent across programs. The data from the current study reflects that service coordinators are in need of additional training on the implementation of family-centered transition practices that go beyond the procedural requirements and timelines of transition. Examining the training requirements to determine if it meets the evidence-based practices in adult learning principles (e.g. Dunst, 2009) could provide recommendations for possible changes or modifications to preparing service coordinators.

Limitations

The current study has some limitations that need to be addressed. First, the small sample size of service coordinator participants is a limitation. Currently there are 290 service coordinators in Connecticut (N. Cossette, personal communication, November 5, 2018), thus a sample size of 11 limits the generalizability of findings. Although the 11 service coordinators interviewed were from a variety of professional disciplines, the participating service coordinators as a group were homogeneous. All service coordinators ($N = 11$) were female and a majority

held a master's level degree. Service coordinators from other educational backgrounds (e.g. Bachelor's level degrees) should be targeted in future research to be more closely representative of the service coordinator population in Connecticut. In addition, larger sample sizes that are representative of the population, both in Connecticut and nationally, could provide more generalizable results and recommendations to the field to best support children and families through their transition experience.

Recruitment of the 11 service coordinator participants took seven months despite recruitment efforts through multiple means. There may be multiple reasons for the difficulty in recruiting a reasonable number of participants for this study. In November 2017 the Connecticut Part C program was undergoing a major systemic change in the procedures and requirements for local Part C agency to submit billing for payment at the same time that recruitment for this study began. Part C program directors were sent the recruitment email using publicly available email addresses but there is no guarantee that the email was received, read, or shared with their program staff. The willingness of the service coordinator to volunteer their time to participate in the interview could have also impacted recruitment. The recruitment information indicated that voluntary participation in the interview would be between 1-2 hours of their time. In future studies additional recruitment efforts should be considered. For example, members of the State Part C Interagency Coordinating Council (ICC) were informed of the research at a quarterly meeting through distribution of study information flyers. In the future providing additional information or presenting the study purpose to the ICC could provide added legitimacy to the research, possibly increasing the distribution of study information to service coordinators across the state. In addition, most Part C agency programs conduct weekly staff meetings, which could

provide a convenience sample to conduct future focus groups or surveys, accessing multiple participants at one time.

The interview protocol used for data collection was developed by the researcher as the source of data used in the study. In future research, additional measures such as surveys, conducting focus groups, could provide additional data collection methods. The researcher was the sole conductor of the service coordinator interviews. A data audit was performed with a graduate student listening to recordings and transcribing interview responses to eliminate researcher bias. Responses were compared to the researcher transcripts to ensure accurate statements and descriptions of outcomes and practices were being used in the data analyses. Regardless of the data audit, a limitation that needs to be addressed is that the qualitative analyses were subject to researcher interpretation and to bias of the interview protocol used. Although interview data were audited to ensure accuracy, future research could include additional researchers to conduct service coordinator interviews to enhance the fidelity of interview data collection.

Another limitation stems from the fact that the data collected in the interviews were from the perspective of the service coordinators. Family descriptors and child characteristics were determined to reflect the service coordinator perspective. The practices and outcomes shared were based on their experiences working with the two families the particular family they chose to describe in response to the interview prompts. It is possible that service coordinator judgments could have been influenced by family SES when choosing families to describe during the interview, as well as other factors. For example, families who were considered easy to engage or families from similar cultural backgrounds could have impacted the family descriptions. Service coordinators were asked to report the family SES based on their

professional experience and observations of the family. It would be important in future research to determine any additional data collection strategies that would result in a more concrete measure of family SES; for example, a researcher might choose to consider annual income and monthly expenses.

It is also important to consider that service coordinators work with children who have some level of delay in their development. The service coordinator rating of severity of delay may be skewed based on the relativity of their caseload. As indicated in IDEA, service coordinators are responsible for having knowledge of child development, but the perception of severity of delay is a limitation in the service coordinator rating. It is valuable to understand the transition from the service coordinator perspective but making any causal claims of practices and outcomes should be done cautiously.

Finally, the results from the data analyses are limited to the descriptions provided by the service coordinators in response to the interview guide questions and probes. The patterns in the data from the current study matched the predicted patterns identified through the literature review and suggested literal replication, but not theoretical replication. The partial replication could be a result of the predetermined coding definitions or based on the service coordinator descriptions as a result of the way in which the interview guide questions and probes were constructed. The interrater agreement was calculated based on the simple percentage of agreement among coders with a possibility that the coders agreed based on chance (Campbell et al., 2013). Although this calculation was appropriate for the current exploratory study (Kurasaki, 2000), more complex coding mechanisms and definitions could be considered in future studies.

The coded quantitative data described in the study are a starting point for building the quantitative research in the area of Part C transition, but additional measures of service

coordinator practices and outcomes measured quantitatively should be considered in future research to build on the results of the current study.

Conclusion

Although the current study has limitations the results reiterate to the field the importance of communication and collaboration in early childhood intervention transitions. Since less than half of children transitioning out of Part C in Connecticut are found eligible for Part B 619 service coordinators and other Part C personnel need to have a strong understanding of other community-based resources and programs available to families, especially when children are not found eligible for preschool special education programs. Service coordinators need to have a thoughtful and systematic approach to preparing families for transitioning out of Part C. In addition, there should be a focus in identifying why the legal procedural requirements were violated for children and families who experienced an unsuccessful transition. Each family is unique and will have an individualized experience of early intervention and transition, but there are some common elements that have been shown to lead to more successful transitions. Successful early childhood intervention transitions can help set a child and family on a positive trajectory in the first of many transitions they may experience. It is the responsibility of the field to understand how to best support children and families throughout their experience to ensure the services provided are making a difference.

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Appendix A

Interview Protocol

*Questions in **BOLD** are the overarching questions based on the literature review and practices in transition. Questions in *ITALICS* are probe questions that will be used to gather additional information based on the overarching question responses.

Probe questions will be used to gain additional descriptions to support the **overarching** questions. For each, “*Tell me more about that*” will also be used to gain additional details and explanations of transition experiences to enhance the responses and information across the interview.

INTERVIEW SCRIPT:

Thank you for your participation in this study. Your responses are going to be extremely helpful for understanding the transition from Part C to Part B 619 for children and families in Connecticut. I will be asking you about families you have worked with in the last 6 months or so whose child has transitioned from your early intervention program because they were turning 3. I am going to be asking you about two families, one in which the transition from birth-3 into preschool special education as planned and about another family whose transition didn’t go as planned. I don’t need to know any identifiable details about the family, just about your perception of their experiences.

First, I want to know a bit about you and your role as a Service Coordinator in birth-3

Tell me about your educational background (i.e. where you went to school, your degree, your discipline, etc.)

How long have you been working in birth-3?

How long have you been a service coordinator in birth-3?

When did you complete your state service coordinator training?

What is the primary population of children and families you work with on your service coordinator caseload (i.e. general, Autism Spectrum Disorder, hearing, etc.)?

Now I am going to ask you some questions about a family in which the transition went well-meaning the transition went as planned and the child continued to receive services in their preschool program.

How would you describe the family’s socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)?

___ **Low SES**

___ **Middle SES**

___ **High SES**

How would you describe the child's severity of developmental delay at the time of transition?

- ☐ Mild Delay
- ☐ Moderate Delay
- ☐ Severe Delay

Tell me about the types of services the child was receiving in your Part C program.

-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)

-How often was the child receiving services?

We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.

-Describe what was included in the transition plan for this child (i.e. activities or goals identified)

-When was the meeting for this child and family held to develop the transition plan?

-Tell me about the timelines that you followed for planning

-What was discussed during the planning to lead to decisions?

-What guided the decisions about what was included in the transition plan?

-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)

-If it was not you as the service coordinator, who was and why?

Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.

-How did the parents know about their options (if they had any)?

-What were the parent expectations and how did you provide support to them?

-What type of resources did you provide to manage expectations?

-What factors were considered by the parents when making a decision about the receiving program?

-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)

Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.

-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)

-How closely did implementation follow what was written in the transition plan?

Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.

-What happened for the child during the transition?

-What happened for the family during the transition?

- What did the Part C and receiving program staff do during the transition?
- In what ways did the Part C and receiving program staff communicate during the transition?
 - What type of information was shared between the Part C program and receiving program?
 - How was information shared across programs?
- In what ways did the Part C and receiving program staff collaborate during the transition?

Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?

- How was the child during the transition?
 - What was the child's reactions to the activities implemented during the transition?
- How was the family during the transition?
- What was the family's response or reaction during the transition?
 - What did they say?
 - What did they do?
- Tell me what type of services were offered and accepted for the child in their receiving program.
 - What was the family's reaction to the plan for services?
 - Were the services similar or different than what the family experienced in Part C?
 - What was the family's reaction to similarities/differences?
- How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?
 - If there was a lag time, what did the child and family do during the lag time?
 - Who helped figure out ways to fill this time before the child began in his/her receiving program?
- What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)

What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?

Now, I want you to think about a child and family that you have worked with in the last 6 months when the transition did not go as planned or there was a delay in the child continuing to receive services. Think about the family's experience and your role as the service coordinator with that family.

***SAME SET OF QUESTIONS**

Wrapping Up

Now I am going to give you an envelope. Inside the envelope is a letter to the family as well as a short, 10-question survey. I am asking that the envelopes be addressed by you directly to the two families that we discussed today. The purpose of the family survey is to collect confirmatory

data to build a richer understanding of the transition from Part C for children and families. All of the family responses are anonymous and no identifiable information will be asked of the family. Also, your responses will never be shared with the family. The envelope to return the survey has both the sending and returning address as my office address, so the family is not required to provide their own anywhere for mailing the survey. The letter explains that we are asking for information regarding their transition from Part C and completion of the survey is consent for participation. You are not required to mail the letter and survey, and I will not be following up regarding the families or whether you mailed the survey.

Appendix B

Recruitment Email

Study Title: Perception of Service Coordinator Practice and Transition-related Outcomes for Children and Families

Dear Colleague-

The University of Connecticut Center in Excellence in Developmental Disabilities (UConn UCEDD) is inviting you to participate in a research study regarding Part C Service Coordinators' perceptions of the Part C to preschool special education transition for children and families. The study is titled the *Perception of Service Coordinator Practices and Transition-related Outcomes for Children and Families*. Our primary goal is to better understand if and how service coordinators contribute to the transition process and the perceptions regarding transition in order to ultimately inform the creation of possible training materials, suggested practices, and policy guidance. We are inviting you to participate in a 1-2 hour interview at your convenience of time and location.

In the interview we will ask you about two different families you have worked with as their service coordinator during the transition process over the past 6 months (one that went well and one that did not go well). The purpose of the interview is to collect data that will help understand the service coordinator role in transition-related outcomes for children and families. Following the interview, we will also ask that you send a packet with a letter and survey to the families discussed during the interview for the purpose of the evaluating responses to confirm data provided in the interview. We will not ask for direct family contact information or any identifiable information.

Participation and completing the interview is voluntary. You may skip questions during the interview at any time, and you may request to stop the interview at any time for any reason. We are not asking for any identifying information about you or the family that will connect your responses during the interview, therefore your responses will remain anonymous.

In order to participate, you should:

- Currently be an early intervention (Part C) service coordinator
- Have completed the Connecticut Office of Early Childhood service coordinator training
- Have been a service coordinator for a minimum of 1-year
- Be able to read and speak in fluent English

You will find a complete Information Sheet with additional information here:

<http://uconnucedd.org/recruiting-ct-part-c-service-coordinators-for-a-study/>

If you are interested in participating, please call Annie George-Puskar at 860-679-1512 or email (anne.george@uconn.edu).

We appreciate your interest and participation in this research study. Questions about this study may be directed to the Principal Investigator, Dr. Mary Bruder at 860-679-1500, or the UConn Health IRB at 860-679-8729.

Sincerely,

Mary Beth Bruder, PhD & Annie George-Puskar, M.A.
University Center for Excellence in Developmental Disabilities
263 Farmington Avenue, MC 6222
Farmington, CT 06030

Appendix C

Website and Facebook Recruitment

Perception of Service Coordinator Practices and Transition-related Outcomes for Children and Families

The A.J. Pappanikou Center for Excellence in Developmental Disabilities (UCEDD) at UConn Health is recruiting Part C (early intervention) Service Coordinators in the state of Connecticut for a research study.

Participation is voluntary and will help to connect Part C Service Coordinator practices to transition-related outcomes for children and families making the transition from birth-3 into preschool special education.

Participant Criteria:

- **Current Early Intervention Service Coordinators in the Connecticut Part C Program for a minimum of 1-year**
- **Service Coordinators must have completed the Connecticut Service Coordinator training**
- **Read and speak in fluent English**

Participation includes an interview conducted with a student researcher that will last about 1-2 hours at the convenience of the Service Coordinator. During the interview participants will be asked to discuss two families they have worked with that have experienced the transition from Part C in the last 6 months, one when the transition went well and one when the transition did not go well. In addition, service coordinators will be asked to send a letter and surveys to the families discussed.

For more information, please see the information sheet linked [here](#)

The study is being conducted by:

Dr. Mary Beth Bruder, PhD (PI)

Annie George-Puskar, M.A. (student researcher)

This research project was approved by the UConn Health (IRB #18-064-2)

Questions about this study may be directed to the Principal Investigator, Dr. Mary Beth Bruder, at 860-679-1500, or the UConn Health IRB at 860-679-8729.

Appendix D

Website Information Sheet



Principal Investigator (PI): Mary Beth Bruder, Ph.D., Professor Neag School of Education and UConn Health; Department of Pediatrics

PI Phone Number: 860-679-1500

Student Researcher (Co-Investigator): Annie George-Puskar, M.A., Doctoral Candidate in Educational Psychology; Special Education (Early Childhood Intervention Leadership)

Title of Research Study: Perception of Service Coordinator Practices and Transition-related Outcomes for Children and Families

IRB Number: 18-064-2

Sponsor: University of Connecticut Health

Introduction

Thank you for taking the time to read this information sheet. This research is conducted by the student researcher, Annie George-Puskar for her dissertation under the direction of Prof. Mary Beth Bruder, Ph. D. from the Department of Special Education in the Neag School of Education and the Department of Pediatrics at UConn Health School of Medicine.

What Is The Purpose Of This Research Study?

The purpose of this exploratory study is to investigate the transition practices and the associated practice characteristics and understand their association with specific child and family transition-related outcomes during the transition from Part C to Part B 619 in Connecticut, according to the perception of Part C service coordinators. You, as a service coordinator, will be asked to participate in an interview by the researchers. You will be asked about two families, one when the transition went well and one when the transition did not go well in the Part C to Part B 619 transition.

In addition, you will be asked to send the families discussed a letter and survey. The family survey is to provide confirmatory data and gain an understanding of the family perspective of their transition experience. Letter and survey packets will be mailed directly by you as the service coordinator, and the researchers will not follow up or request any identifiable information regarding the family. You will have the option to not mail the letter and survey.

Why Am I Invited To Participate?

You are invited to take part in this study because you are currently a Service Coordinator in the Connecticut Part C program. In order to participate, you need to be a current service coordinator for a minimum of 1-year and have worked with at least 2 families that have completed the

transition from Part C. You should have also completed the Connecticut Service Coordinator training and be able to read and speak in fluent English. If you have not yet completed/passed the Connecticut Service Coordinator training or have not been a Service Coordinator for at least one year (since October 2016) we ask that you not participate in the current study.

How Many Other People Do You Think Will Participate?

We estimate that 10 people will participate in this research study.

What are the research procedures?

If you choose to participate, you will be participating in an interview with the student researcher (Annie George-Puskar) and asked to share your experience as a service coordinator regarding two children and families that have experienced the transition out of Part C in the last 6 or so months. The interview will guide you through a series of questions regarding their experience with transition across practices and practice characteristics. The interview will last approximately 1-2 hours (maximum). One set of interview questions will be administered asking you to share about their experience when a transition they consider to have gone well, and another experience when a transition you consider to have not gone well. The cases that will be described will be selected by you as the service coordinator.

You will also receive a letter and survey to be sent to each family that is discussed during the interview process. The family survey is to provide confirmatory data and gain an understanding of the family perspective. I am requesting the survey to be sent to the families directly by you as the service coordinator, as to keep the family identifying information anonymous. You will have the option to opt out of sending the family survey without being penalized or impacting your participation in the study.

Space and Equipment Requirements

Interviews will be conducted at your convenience within your schedule and geographical location. There are two options for conducting the interview; 1) In-person; or 2) Using a web-based virtual meeting format. If you choose to do the in-person interview, the student researcher will either meet you at a community location (i.e. convenient coffee shop, library, etc.) or invite you to the UConn UCEDD offices to conduct the interview. In person interviews will be recorded using an Olympus recorder with headset microphone. The recording device will be provided by the researcher. The virtual option will use a format called Zoom Meeting. In order to participate remotely, you should have access to a reliable phone line/signal at minimum. Interviews will be recorded through the Zoom Meeting app, and directions for use on the computer will be provided by the student researcher prior to the interview. In both the in-person and virtual options, you do have the option to opt out of being recorded.

What are the risks or inconveniences of the study?

Potential risks for you include the inconvenience of scheduling a 1-2 hour time block within your schedule to conduct the interview.

What are the benefits of the research?

There may be no direct benefit to you as a service coordinator as a result of participating in the study. However, your responses may improve our knowledge of effective practice to support young children and families through the transition from Part C to Part B 619 in Connecticut. Moreover, the information shared during this study may influence future research, policy decisions, and practice strategies to support all early intervention personnel.

Will there be payments for participation? Are there costs to participate?

The only potential cost associated with participation would be the gas or transportation involved in meeting the student researcher for an in-person interview. There are no other costs, or payments associated with participation in this study.

How will the information be protected?

Research records will be labeled with a code. All electronic files (e.g., interview recordings, coding files) will be password protected. There will be no identifying information asked about the children and families that you reference during your interview, and your data will be limited to your service coordinator code and family being discussed. For example you will be given a number and family will be coded as a 1 or 2 in order that they are discussed (i.e. SC1 FA1 and SC2 FA2). Your information will not be required or stored as part of your data responses. Any computer hosting such files will also have password protection to prevent access by unauthorized users, and will be secured on the UConn Health network. Only the primary investigator and student researcher will have access to the passwords. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations. We will do our best to protect the confidentiality of the information we gather from you.

You should also know that the UConn Institutional Review Board (IRB) and the Office of Research Compliance may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Can I rescind permission and what are my rights?

You do not have to participate in this research if you do not want to. If you agree to be in the study, but later change your mind, you may withdraw at any time. There are no penalties or consequences if you do not want to participate.

Whom do I contact if I have questions about the research?

We will be happy to answer any question you have about this study. If you have further questions about this study or if you have a research-related problem, you may contact the principal investigator, Mary Beth Bruder at (860) 679-1500 or the student researcher Annie George-Puskar at (860) 679-1512. If you have any questions concerning your rights as a research

participant, you may contact the University of Connecticut Health Institutional Review Board (IRB) at 860-679-1005.

How do I consent to participate?

Responses to the interviews will remain anonymous and completion of the interview implies your consent to participate.

If you are interested in participating, please contact the student researcher (Annie George-Puskar) directly at 860-679-1512 or email at anne.george@uconn.edu. She will schedule the interview with you.

We appreciate your interest and participation in this research study. Questions about this study may be directed to the Principal Investigator, Dr. Mary Bruder at 860-679-1500, or the UConn Health IRB at 860-679-8729.

Appendix E
Service Coordinator Interview Responses

**SERVICE COORDINATOR 1
FAMILY 1**

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Low
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Moderate (to severe)
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>He was receiving services since he was about a year and a half.</p> <p>Early Intervention Associate weekly (for an hour)</p> <p>Service Coordination as the primary provider twice a month (for an hour)</p> <p>Consultation and visits from a psychologist because of attention, behaviors and severe emotional reactions.</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i></p>	<p>We spent time talking with the mom and listening to her about what life was like with her son. In particular, how he presented on paper was not necessarily an accurate picture of what was happening in real life. The psychologist helped work through those conversations to honor the uniqueness and needs of the family.</p> <p>Communication as a domain was the ultimate original concern, but he was making rapid progress with communication, but then there was more of a focus on behaviors and attention.</p> <p>The original talk of transition began 6 months before his 3rd birthday (with time to get feedback from the psychologist) The</p>

<p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>child is the youngest of 4, so the mom was well versed in children and understanding of developmental milestones.</p> <p>Focus of transition planning was exposure to bring him to a playgroup in his town.</p> <p>The IFSP transition page (plan) was an outline of steps and timelines, most specifically including</p> <ul style="list-style-type: none"> -3 visits with the psychologist after he was 2 ½ years old before turning 3 -make a best effort to attend 3 community playgroup sessions. -Timeline and date for transition meeting with the school system a -Timeline of update assessments and how to report about the behavioral concerns using strengths based language but also giving the school an accurate idea of his daily routines (even if the preschool wanted to do their own testing/assessments, the team wanted to provide updated from the early intervention) <p>Not written in a plan, but conversations with the mom were focused on articulating her concerns with his behaviors and why she thought behaviors were occurring. Particularly she had the comparison between her son and her 3 older children.</p> <p>Meeting with the school happened 3 ½ months before he turned 3</p> <p>Primary contact was me, as the service coordinator</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p>	<p>Itinerant speech services (if speech was the only area of concern)</p> <p>4 day half day preschool program</p> <p>5 day program (for children with more significant needs)</p> <p>Parents knew about the options from what the preschool presented to them after the child was determined eligible.</p>

<p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>As the service coordinator, there was a lot of conversation with the parents about assessments and preparing to articulate areas that they wanted to work on. Also expanding on asking the mom why he might not be meeting certain milestones and talked about routines. Preparing for the transition the service coordinator asked the question “How do you want them to know your son? Let’s start with what he’s doing well? What is the big picture? What are you worried about?”</p> <p>There was practice dialog to prepare the mom.</p> <p>It was decided that the service coordinator updated the Carolina, Mullen, and DASI, and then the school speech-language pathologist did the testing on articulation and pragmatics to see how he was using language.</p> <p>The mom’s biggest worry was that his delays were going to be dismissed and just suggest that he should be with some peers and will learn from them.</p> <p>The school was willing to commit to doing their own testing but asked the mom about the results and observations (i.e. “is this what you typically see?” What does this look like at home?”)</p> <p>The mom wasn’t going to go away with nothing- she felt strongly that her son needed to be in a preschool program, but I think she would have accepted just speech to even get in the door with a professional.</p> <p>The parents did not have an opportunity to visit programs before after the child was determined eligible at the lead education agency. Their daughter had been in the preschool program as a typically</p>
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	developing peer [Reverse mainstreaming] so the family was familiar with the classroom/school based on their previous experience.
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>At the transition meeting, the speech language pathologist set up a time with the mom for the language testing before they left.</p> <p>The service coordinator primarily made sure that timelines were followed as identified in the IFSP. Unfortunately only one of the visits to the playgroup was able to work with the family.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>Throughout the transition process nothing was different for the child- he was happy and he enjoys visits. Incorporating assessments into his play routines so it doesn't seem like anything is different.</p> <p>The child also enjoyed visiting with the SLP at the school testing.</p> <p>The mom had some anxiety and worry since it didn't seem like a clear answer that he was going to be found eligible. She was nervous she would have to fight/battle with the school system to fight for him to get services. She wanted to make sure that they understood her input and took her seriously.</p> <p>The service coordinator did practice dialogs with the mom for different ways the conversation could potentially go, which seemed to prepare the mom for multiple scenarios at the school meeting. She also brought a family friend with her (who also helps with child care) so it was someone else reinforcing what she was sharing with the school.</p> <p>When the SLP asked about what she saw at home, the mom said she felt better that they</p>

	<p>seemed genuinely interested in learning as much as they could about the child.</p> <p>The Part C SC and school personnel communicated mostly through email to exchange information (assessments and reports) and to schedule the meeting.</p> <p>The only communication between the service coordinator and the school was scheduling the transition meeting and emailing the report.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p>	<p>The child ended up in a 4 day- half day- integrated preschool program. The social worker was going to meet with him a couple of times after the start of the school year to observe emotions (the mom shared he can go from 0 to 80 and be really angry at the slightest little thing). The school agreed to look at it more closely when the school year began.</p> <p>The mom was very pleased and very happy with what was offered.</p> <p>Services were different, but the mom was prepared for the difference (knowing he would get more direct service in school). It was part of the conversations to understand what would happen at school that is different than early intervention.</p> <p>It was the same week when the child turned 3 and started in his new preschool program</p> <p>There was no information collected after the transition by the Part C agency (formal or informal) regarding the transition.</p>

<p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>I chose this example to share because it went so smoothly, and it's how it should be. Everyone was making a plan together and the mom felt prepared to go to the transition meeting with the school, even though it wasn't clear-cut of what the outcome was going to be.</p>

SERVICE COORDINATOR 1
FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Middle</p>
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	<p>Moderate (to severe)</p>
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person,</i></p>	<p>This is a unique situation: this particular child is one of three (triplets). Two of the three triplets were eligible for early intervention. Birth-3 was called in to assess based on being one of multiples. They were found eligible for speech/language, communication.</p>

<p><i>such as ‘the mom’, ‘the dad’, ‘the occupational therapist’ etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>The mom and dad were both very involved and they were very routine oriented. Parents recognized that even with 2 children with delays, they did not want an overload of services.</p> <p>They got 2 visits a month, each for an hour and a half. Both the early intervention associate and the service coordinator did the visits together.</p> <p>Along with this, one of the triplets was diagnosed with ASD and was getting more intensive services through an Autism program, but the child</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Primary planning was the parents and the service coordinator. The initial transition plan was trying to determine if he had a delay.</p> <p>Steps included: do an assessment, meet with the school, and determine eligibility.</p> <p>The service coordinator had a transition meeting 85 days before turning 3, which was him entering the program and determining the steps for transition in meeting with the school His transition meeting was one month before he turned 3 years old with the school.</p> <p>The service coordinator was the primary contact for transition from Part C.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p>	<p>His brother was most likely going to be found eligible for having a diagnosis of autism. Even though this child has delays, the school told the mom that he was not eligible based on the Mullen or DASII and what the mom shared.</p>

<p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The child had delays but the school said they were going to wait until school started in the fall to re-do testing for eligibility. The brother was going to start in an autism program, but the school said they were going to schedule testing in the fall and then discuss possible program options.</p> <p>The tone that was set by the school system was that they thought the mom was trying to get free preschool for her other children since one was going to be getting their autism program.</p> <p>As the service coordinator, “I gave her false hope” leading her to believe he would definitely be eligible for preschool programming. “I brought on some of those fears”. So the mom went into the transition meeting with the expectation that he would be eligible and he was going to get a preschool program.</p> <p>“It was my first transition with this particular town”.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person’s role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The timeline was followed closely because it was within a 2-month timeframe between him starting in birth to three, and turning three years old.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family’s experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p>	<p>The assessment sharing between the early intervention program and the school. Just by email or fax of reports.</p> <p>The service coordinator shared the information with the school and made sure everything was sent over.</p>

<p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p>	<p>The little boy was fine, because he was familiar with services in the home, and the school didn't have him do anything in the school- so nothing for him changed.</p> <p>After knowing the family for a long time by working with the other child in the family, they had never shown emotional reactions.</p> <p>The mom had tears in her eyes walking to the car after the transition meeting.</p> <p>The mom felt like she impacted his lack of development because there was such a strong focus on the brother that had been diagnosed on ASD.</p> <p>The service coordinator followed up with the mom in the fall, but as of mid-September they had just scheduled eligibility testing.</p> <p>In the meantime, the mom was waiting to see the results of eligibility. The mom wanted to go to the public special education preschool, but had a church</p>

<p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>program as a back up with the third triplet (with no identified delays).</p> <p>Other than the follow up from the service coordinator, there was not any formal information collected from the parent after the child turned 3.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>In this particular family, the service coordinator felt blindsided and is still unclear about why and how it happened this way. This was the first experience the service coordinator had where it went very differently than what was expected. And, there was not a signal that the mom was upset during the meeting, but was very upset after.</p> <p>After the meeting, the service coordinator reviewed the policy and the school district was breaking the law. The service coordinator did not do the dialog practice (as described in the other family) or prepare for the varying options.</p> <p>Looking back, "I should have prepared the mom to know more about her rights and that she could have pushed back against the school to determine eligibility before the fall school year started"</p>

“It is rarely as individualized with programming as we would like it to be, towns have programs and that’s all. There is not enough information gathering. If it’s the right test and the right number, then we will give you a program. They are just a lawsuit waiting to happen”

SERVICE COORDINATOR 2

FAMILY 1

<p>How would you describe the family’s socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Low
<p>How would you describe the child’s severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Severe
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as ‘the mom’, ‘the dad’, ‘the occupational therapist’ etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>OT 1xweek 1 hour PT3x month 1 hour Speech 1xweek 1 hour Developmental Specialist (Service Coordinator) 3x week 1 hour BCBA 1xmonth 1.5 hours</p> <p>Had been in B-3 when he was 2 ½ (less than 6 months before 3rd birthday)</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i></p>	<p>Referred to the school district at the time of the initial evaluation since it was 6 months before turning 3.</p> <p>The district accepts evaluation scores within 6 months of the 3rd birthday to determine eligibility for school. The child had significant delays in 3 domains, so he was going to qualify with special education programming.</p> <p>The school used the report, and the family agreed it could be used to determine eligibility.</p>

<p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The service coordinator had conversations with the parents about what to expect at the initial PPT meeting with the school and eligibility.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The parents did not have any specific expectations, but in general they had goals of what they wanted him to do (i.e. use language, understand his wants and needs). Their expectation was to get him into a program (hopefully full day). The district doesn't offer a full day program, so there was discussion about other options for afternoon (i.e. daycare options, other community based programs). Identify what they wanted his day to look like.</p> <p>Program options were the special education preschool program in the district (what the day and classrooms look like and where the school was located). Also discussed transportation options.</p> <p>The service coordinator provided resources and helped the parents look into program options in their community.</p> <p>There were 2 visits offered, but the family did not have transportation. The service coordinator offered to help get them bus passes but the family declined.</p> <p>They went to the PPT and got a ride from a friend.</p>
<p><i>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</i></p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p>	<p>Within 2-3 months of his initial evaluation, the transition meeting was held with the birth-3 team and the school. Since the referral went in after the initial evaluation the school moved quickly.</p> <p>The first meeting was held before the end of the school year, and then the PPT to</p>

<p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>create the IEP was held in the fall right before he turned 3 years old.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The parents were curious about what the day and classroom looked like. The transition coordinator from the school offered to have them come in and explained what a typical day looked like.</p> <p>The service coordinator helped to set up a tour of the school and classroom before the PPT meeting happened so the family did not have to figure out transportation to get there multiple times.</p> <p>This district has messaging boards and texts to share information regularly with the parents.</p> <p>The family was comfortable with everything because it had gone how it was expected based on the information laid out by them from the service coordinator. The service coordinator gave multiple scenarios of what the school district might say or offer, so the family was prepared for multiple ways the school meeting would go and what the school team would say (i.e. program options, not found eligible, etc.). The service coordinator said she tried not to give any indication of what will exactly happen, but be prepared and plan for multiple scenarios.</p> <p>The Birth-3 team shared an ADOS and Battelle, and the IFSP with the school which was used to determine eligibility.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities</i></p>	<p>The child did well with the transition. When the visits were in the classrooms, he seemed excited to explore and see other children. It also made the parents happy to see their child happy in the classroom.</p>

<p><i>implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>It was discussed on how the teachers interact with the child, and how tantrums or other problem behaviors are handled.</p> <p>The parents were happy with</p> <p>The child was offered (and received a complete follow through of Part C) OT (pull out ½ hour a week), PT (pull out ½ hour a week), Speech (pull out, 1 hour a week), Special education preschool program 2 ½ hours per day.</p> <p>The family was happy that the IEP services were comparable with discipline to their IFSP. They said it matched what they wanted.</p> <p>The child turned 3 2 days before the winter break, so the family was given the option to start for 2 days or start after break, and the family decided to start after the break. They had family and holiday plans.</p> <p>There was no formal information gathering after the transition. Informally, the service coordinator checked in to follow up. The family shared that they like the program and teachers- they are wary about the carry over of what they are working on in school and what is happening in home since they are not physically present in the school. The parents then advocated for the school to come do some home visits, which was later added to the IEP.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>It's always important to make sure that the family is aware of their rights, so the service coordinator always makes sure the families know where to find their rights.</p>

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SERVICE COORDINATOR 2
FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Middle
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Mild
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>Developmental Therapy Assistant (3xweek for an hour and a half) SLP- 1 hour a week BCBA- 2 times a month for an hour OT- 2 times a month for an hour</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i></p>	<p>Discussions and planning involved with the family were based on what they wanted the program to look like for their child, and what they wanted to get from the school district.</p> <p>Monthly team meetings with the birth-3 team, and met with the school based personnel (usually a social worker, OT, and school psychologist).</p> <p>The first initial transition meeting, a school representative came to the home to explain the transition process and next steps from the birth-3. For example, it was decided that the birth-3 team was going to update their testing for the school. The school will occasionally invite the child to a playgroup</p>

<p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>for observation, but this district just took our testing and reports.</p> <p>This district holds the eligibility PPT, and they ask the parents if they agree with the birth-3 evaluation, and the family agrees that the report can be used to determine eligibility for school.</p> <p>The school will go over what their goals and objectives are for the IEP if the child is determined eligible.</p> <p>For this child and family, the goals were to interact with other children and the parents wanted their child to play with other children and effectively use communication. There was also some feeding concerns and wanting OT support for using utensils and feeding. There was not a specific goal on the IFSP, but the service coordinator used the area about concerns moving forward to focus on transition.</p> <p>Timelines: 2 years and 3 months the LEA form is signed to share IFSP with the school and referral.</p> <p>90 days before the 3rd birthday was the first transition meeting. This district scheduled the eligibility PPT a month before the child's 3rd birthday.</p> <p>The service coordinator was the lead for the transition and communicating with the school district. The service coordinator has a good relationship and communication with the school district personnel.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p>	<p>The child had a diagnosis of ASD, so the family was expecting that he would automatically get services in the school. His testing scores would qualify him for birth-3, but not necessarily enough to qualify for special education. The district</p>

<p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>referred the family to other community programs in the area.</p> <p>It sounded like the school was at capacity, and they were trying to figure out ways to refer children and families to programs to “keep an eye on them” but not have to provide services within their own special education programming.</p> <p>On paper, the child did not look like he had some minor delays but once you met him and understood him better there was more of an understanding of some of the behavioral and social concerns.</p> <p>At the PPT meeting, it was shared what the child and family was focused on in birth-3 and what should be carried over.</p> <p>There was discussion about early head start options and school readiness programs. The parents were not interested in those options- they wanted special education. The parents were offered a school readiness program where the OT and SLP would do their visits at the other location, but the parents wanted special education programming.</p> <p>The parents went on their own to visits. The service coordinator did not go, but they talked about what they saw/observed. What they liked, didn’t like, and transportation issues about putting him on a bus vs. driving.</p> <p>The service coordinator brainstormed with them and the parents figured out that the preschool special education program was the best option for the family.</p> <p>Prior to the child being determined eligible, the family was surprised by his diagnosis of autism, so they were expecting him to automatically have services for life because</p>
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	of the diagnosis. The service coordinator reminded them to read their rights, and hire an advocate.
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The transition process followed the timelines that were set up at the 2 year 3 month meeting, and the service coordinator was the lead, but the rest of the team was involved in each of their roles- particularly in updating assessments.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>During the first transition meeting, the family wanted the child to go to the school a few times so he could get used to the environment (he had previously only been with family and not around other children his age).</p> <p>The child was excited to be around other children, which helped to ease the parent anxiety about being in a new place.</p> <p>The school offered multiple times for the child and family be in the classroom. The service coordinator sat in the back with the parents so they could observe him exploring the classroom.</p> <p>The school ended up taking him a week before he turned 3, so the service coordinator went with the child to school for the first week.</p> <p>The parents were comfortable with having the week of overlap to support from birth-3.</p> <p>Everything that was shared was approved by the parents (in terms of assessments and reports). We talked with the school about play skills and other areas that might not come through on an assessment like a</p>

	Battelle. The school district seemed to respect the information provided by the birth-3 staff, but not as much the parents.
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember,</i></p>	<p>The parents were upset that the school was not providing more options and did not want to accept 'no' as an answer. The service coordinator reminded the parents multiple times about their rights as a parent to push the school.</p> <p>The school ended up taking the child, but it was a battle with the school- with the parents having to negotiate and plead their case.</p> <p>The relationship that started like this, so the parents ended up sending the child at 3 but then decided to move to another town/district because of the relationship with the school district.</p> <p>The family was not going to take no as an answer, or even that he would go to another school readiness program and the school would provide services there.</p> <p>Initially the family was upset about having to 'fight' for the services that they thought he should have. By the end they were happy that he got services, but they were frustrated they had to 'battle' for him and were worried they were going to have to do it every year.</p> <p>He was getting SLP (30 minutes, 1x a week, some in the class and some pull out) OT 1x week for 30 minutes And a special education classroom 2 ½ hours per day.</p> <p>The family did question the amount of time and quantity compared to their experience in Part C, the school tried to describe what the day looked like with blanket statements about the OT being in the classroom, and the family knew it was sugar coating and</p>

<i>please do not give any identifiable information about the child or family in your response)</i>	<p>trying to move past their questions and concerns.</p> <p>Their initial outcome was happy they were getting services, but then they ended up moving districts.</p> <p>Nothing formal from the agency was collected, but informally the service coordinator would check in with the family after the transition for updates. The family shared that they were moving districts but nothing expansive.</p>
What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?	I wish they knew more about what other options were available for them

SERVICE COORDINATOR 3 FAMILY 1

How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)	Middle
How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)	Moderate
Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i>	<p>Developmental Therapy Specialist (and service coordinator) (1x week for 1.5 hours)</p> <p>Speech Therapy (1x week 1 hour)</p> <p>Occupational Therapy (3x month 1 hour)</p> <p>Was in the program for a little over a year before turning 3 years old</p>

<p><i>-How often was the child receiving services?</i></p>	
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The transition planning had started from the beginning to discuss the process and what it looked like with birth-3 and with the school. Making sure information was shared with the school and having the parents understand each step. And scheduling the meetings ahead of time to make sure the dad could also attend.</p> <p>The service coordinator made sure that the school knew that they needed to schedule at least a month out so the family could work with their schedule. The district also allowed the birth-3 team to work with the child and family in the school the weeks leading up to his 3rd birthday so that there was some overlap in his new classroom and with his new teacher.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p>	<p>The mom was very involved in the community. The parents always wanted him to be in the public school system, and they felt they needed service. The mom was familiar with the school system because she had worked there before.</p> <p>The school system took all of the testing and evaluations of the birth-3 team, and the school also did their own testing. They used both sets to determine eligibility along with parent report.</p> <p>The family accepted what was offered and recommended from the school, and what was offered matched what the mom was expecting.</p>

<p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The service coordinator discussed the specific school district since not all districts are the same on how they do transition. The service coordinator also led the parents to the resources available on the transition from birth-3 (handouts). The service coordinator also had a lot of discussions with the parents about options other than preschool special education, particularly if he was not found eligible or programming did not match what they wanted for their child. Including daycares, other therapy options, and to be prepared if the outcome is different than what she wanted.</p> <p>They visited the school at their first PPT meeting, but not a separate visit.</p> <p>The goal was to help the family through the process; including information gathering and what the mom would want to do if he was not found eligible.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The district representative comes to the home for the transition meeting. The family visited the school at the meeting (PPT1). The birth-3 team followed the timelines laid out early on, and made sure that the school district was aware that the family needed extra time to ensure the dad could schedule time to be there.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p>	<p>Initially, the mom was stressed with not knowing what the outcome was going to be. She was nervous about presenting her child in a certain way- knowing that he needed services but not wanting to make him sound like a bad kid. Throughout the process, the service coordinator shared a strengths based assessment, and talking with other families was a helpful support.</p>

<p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The mom is a visual learner, so she prefers to see the space and learn from what she sees instead of being on the phone. The service coordinator helped her set up visits to the school so she could get her questions answered before the final PPT meeting when they created the IEP. She was able to make notes before the meeting so she felt confident going into the meeting.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p>	<p>The child was determined eligible and was offered: Speech 1x week 1 hour (1/2 push in 1/2 pull out) 4 days a week (3 hours) in the morning Bussing/transportation was offered, but the family chose to do drop off and pick up their own.</p> <p>The mom was happy that the birth-3 team could be in the classroom with him so he wasn't on his own from the beginning.</p> <p>The parents were happy with what was offered. Their main concern was communication/speech so they were happy with the services. They did have questions about push-in vs. pull out speech services, and the SLP from the school explained that it can change after the SLP gets to know the child better after the start of the school year.</p> <p>The service coordinator also encouraged the school to schedule an extra 15-30 minutes for an evaluation so the child could have time to warm up before the assessment/testing began.</p>

<p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The birth-3 providers going into the classroom also helped the child because there was a familiar face in the new environment with his teachers. This was all before his 3rd birthday (the week leading up to him turning 3). The mom was still in the school, observing from the door but not in the classroom.</p> <p>Information was shared through email and phone calls. The documents were sent through mail or a coded email link through their main office. The meetings and paperwork was all sent to the family as well as the providers so birth-3 was able to go over everything with the family before going to the school.</p> <p>The child started the day after his 3rd birthday, so there was no lag time.</p> <p>No formal information was collected after the family transitioned. The service coordinator informally checked in with the family to follow up after the transition. The family shared they were happy with the program- it's difficult for them to be less involved and everything is happening at the school. The school put a communication journal in place, and sending pictures, but it is still challenging for the mom to not be as hands on when he is receiving services.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>Every school district is different in how they do things in transition. Some districts just tell the parents what to do whereas others will give more choices and there is more conversation as a team. This particular district is willing to share information with the birth-3 providers and family and it is more of a team between all 3.</p>

SERVICE COORDINATOR 3
FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Low
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Severe
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>Developmental Therapy Specialist (and service coordinator) (3x week, 2 hours) OT 1x week 1 hour SLP 1x week 1 hour PT 3 month 1 hour Special Educator 3xweek, 2 hours</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i> <i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not</i></p>	<p>The mom was concerned regarding sign language. He was able to communicate very well through sign, and she was concerned that the school would try to get him to use PECS instead (so she didn't have to carry around pictures). He had no hearing issues, and she was worried the school was going to push PECS and nobody would be able to effectively communicate with her son through ASL.</p> <p>The service coordinator helped try to find out from the school who they had that was able to do sign at the school and what their plan is for communication.</p> <p>The school would not share information before he was determined eligible, so some information was difficult to get.</p>

<p><i>need specific names, but instead roles)</i></p>	<p>The service coordinator worked to have discussions with the parent about articulating their reasoning for not wanting the PECS program incase the school offered that as the option (dialog practice)</p> <p>The transition process with the school started 3 months before the 3rd birthday, but before that the service coordinator and birth-3 team would talk to the parents about the process and steps with the district. This particular district only does meetings at the school, and is not willing to come to the home for a meeting.</p> <p>The mom went to a workshop in the area about IEPs and the logistics of school and parent rights (SC could not remember who provided the workshop)</p> <p>The information provided by the birth-3 team was helpful, in particular why ASL is important for communication but have the mom understand that pictures are also helpful for more generalized/global communication (not just communicating with people who use ASL). “The mom had “tunnel vision” and had a hard time understanding the value of the pictures since the child learned signs so much faster.”</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents</i></p>	<p>The evaluations were done by the school, and the mom requested to have the reports ahead of time. The school district provided the reports of evaluations the night before the meeting. The parent has the right to move the meeting back to have time to review evaluation results, but the school district told the mom that the start date would be delayed if she did that.</p> <p>It was difficult to have the meeting because she did not have a time to review the paperwork as the school personnel team was talking about it.</p>

<p><i>when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The service coordinator tried to help the mom follow along and that the mom was allowed to ask for time to read it over in the meeting. "The mom just wanted it over"</p> <p>The parent expectations that they were going to get the evaluations ahead of time (but they didn't), and she didn't want to push the meeting back. The service coordinator reminded the mom of her rights so she didn't have to feel rushed.</p> <p>The mom also expected the school to look more at the services that the child/family was receiving in their birth-3 program and have the school match the disciplines, understanding that the amount of time may be less.</p> <p>The service coordinator reminded the mom of the right to deny what is offered, and that she has a right to ask for something different.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p>	<p>The child did well and was happy during assessments and evaluations.</p> <p>The parents were overwhelmed but ultimately accepted services.</p> <p>This district does not allow visits to the school before the child turns 3 years old, so there was not a transition period with the birth-3 provider being able to go into the</p>

<p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>school together before the child starting on his own.</p> <p>The mom shared his hearing test and pediatrician records, and the Part C provided reports and evaluations. And emailed with the school to help the mom find information.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p>	<p>The child recognized that there was a change and different people, but he didn't really understand what was happening. He was happy when playing with the toys, but he noticed it was different people. His affect was happy and excited but also was nervous and sad. He had severe disabilities, so it was difficult to determine how much he was noticing.</p> <p>The school offered and the parents accepted: 4x week for half day program. SLP 1x week (2 30 minute sessions- both pull out) OT every other week (30 minutes)</p> <p>The mom was unhappy with the amount of services, they felt their child needed more than what was offered. The school district wanted to reconvene 2 months after he started the program to make possible changes. The mom was happy they said they were willing to revisit it, but she was also frustrated that they had they were waiting.</p> <p>He was making so much progress in birth-3 with the amount of services, so the mom</p>

<p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>thought he might regress with such a decrease in services.</p> <p>The parents were happy that he qualified for the program, but the service coordinator also provided information to supplement what the school was providing (i.e. community programs and other therapy options)</p> <p>This particular family made decisions based on their finances and insurance. They did have some options, so it helped that they had options and didn't have to settle with just what was being offered by the public schools.</p> <p>The family was overwhelmed because they wanted to do what was best, they ultimately decided to accept services but they are also supplementing with additional services at home through their insurance. (ABA therapy)</p> <p>The child's birthday was on Thanksgiving, so he started the following Monday (starting the next available school day).</p> <p>No formal information from the agency, more informal from the service coordinator of how it was going (their comfort level with it). The mom shared that she cried in her car when she dropped him off. She was happy that she had the support through birth-3 and calling to check on her- the mom shared that she wanted to support more from birth-3 after the child started school, even more so than before.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>It is difficult as a birth-3 provider that if this family was in a different school district, the transition would have gone differently. Based on the school district, the service coordinator can gauge how the transition is going to go.</p>

SERVICE COORDINATOR 4
FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Middle
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Severe
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>This was a multi-family situation- both with the parents and grandparents. Both parents were working but living with their respective parents (the grandparents of the child).</p> <p>He was on the Autism Spectrum, and was in the process of receiving a formal diagnosis. He was working on using more language, so for typical development he was significantly delayed but relative to where he started he made huge progress.</p> <p>Educator 2x week (2 hours) OT 1x week (1 hour) SLP 1x week BCBA Discrete Trial and DTA 2x week And Monthly team meetings</p> <p>In early intervention for about 1 year</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p>	<p>The transition planning began at the initial IFSP, so that the family can be prepared and know that there is a process for helping them when they turn 3. The school district is invited to the transition meeting 3 months before the child turning 3 years old, where the next meeting will happen at the school.</p>

<p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>At all the reviews, which happen more frequently for children with autism, the transition is also discussed. The hope is that the parents are aware.</p> <p>There were many players involved (parents, grandparents, and birth-3 providers). The team meetings were important to make sure everyone was on the same page. There is a lot of jargon that are not as familiar with the acronyms and terminology, it can become overwhelming.</p> <p>The parent and grandparents were unaware about magnet school options- it was not on the plan but it came up in conversation. The IFSP was basically the timelines with updated testing, meetings, and to discuss the options for the child/family.</p> <p>Taking the child to library groups and other community settings to get used to being around other children.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the</i></p>	<p>Part of the transition plan, including magnet schools. The child's district as primary care of the process for developing the IEP and what services the child is eligible for.</p> <p>The parents looked and applied to magnet schools- the parents were thrilled and he is at the magnet school (and not in the town where he lives).</p> <p>The parents understood the expectation that he should be able to get some of the services he was already receiving in the home (i.e. specialized instruction, SLP). It was explained that we could not qualify the amount of services he would get because the district makes their own determination of services, and birth-3 does not make that decision. This was a source of anxiety for parents because there isn't a real formula for services that are comparable across districts.</p>

<p><i>visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The service coordinator shared as much information as possible about different scenarios to expect going into the transition process.</p> <p>The service coordinator helped them find websites and schedule open houses and tours.</p> <p>The parents did visits to magnet schools and looked up resources online, particularly what other parents were saying.</p> <p>The parents decided that if they were accepted to the magnet school that they were definitely going to go there</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The service coordinator is responsible to making sure timelines are followed. Part of the transition as updated testing from all members of the team to complete the evaluations (i.e. BCBA updated VB-MAPP). The paperwork was sent out and scheduling to make sure it works for everyone.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p>	<p>The service coordinator has been working in the field for a long time, and has developed relationships across the different teams in the districts. This particular district was open with communication to the family and the birth-3 team. They would ask for information if they didn't have it already.</p> <p>The service coordinator also told the parents what to expect in the meeting in the district, including the different professionals that might be in the room. And reassuring the parents that they were all there to get to know their child and family.</p>

<p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The families felt prepared. The birth-3 visits take time to take the child to the school at least 2-3 times as a visit before the transition as well. This child had never been in an environment comparable to school, so part of the plan was to take him to library story times and other community outings to get him used to being with other children.</p> <p>Not all districts are open to visits to the school, even to play on the playground or get used to the environment, but thankfully this school district was open to having visits at the school to ease the anxiety for the child and the parents.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and</i></p>	<p>The trips to the library and story hours were helpful to the child. He was, by the end, was doing well in the program (particularly since it was consistent and they had a schedule to the program). There were 2x6 week sessions and the second session the parents/grandparents made sure to keep the routine going of taking him to the group activities.</p> <p>The school was also open to sending pictures of the environment to make a picture book to read to the child.</p> <p>The school system determined eligibility from the town (which are paid for by the town even if he is going to the magnet school). The service coordinator questions if the services were going to be the same if he went to the district school compared to being at the magnet school.</p> <p>He was offered and accepted: SLP, OT, and some time with an ABA program for a consult. The parents were happy with what was offered and with the program. And with reminders that the IEP can be changed helped the parents feel comfortable.</p>

<p><i>beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The parents shared they were thrilled with how well he adapted and the transition in the school.</p> <p>There was a 2-week gap between the child turning 3 and starting school. The gap was summer vacation and the parents planned to take him to the beach.</p> <p>No formal exit survey, but the service coordinator has reached out to share resources about transition and parental rights. Also other sensory friendly programs in the area will be shared (i.e. free admission at the Mystic Aquarium). But nothing specific about the transition itself.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>The biggest anxiety seen in parents is the uncertainty of what the school is going to offer, and that some parents will not say "that's not enough" or just going along with what the school says. It is also hard when the districts are all so different and knowing that based on the district there are going to be different experiences.</p>

SERVICE COORDINATOR 4 FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	<p>Moderate</p>
<p>Tell me about the types of services the child was receiving in your Part C program.</p>	<p>Separated parents, so sometimes meetings were with mom, sometimes with dad, and sometimes at daycare.</p>

<p><i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>In the program a little less than a year</p> <p>Educator 1x week (1.5 hours) Speech 2x month (1 hour)</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Starting at the initial IFSP to prepare for the process.</p> <p>For this child, there was discussion about daycare because it was a concern because it was not a high-quality learning environment. It was a concern for the parents but it was in their district and what they could afford. They wanted to change daycares, but they could not find one in their district that they could afford and were worried about itinerant services after he is 3 years old.</p> <p>This district had a full day program, but that means 9-3, and the daycares have longer programs but the bus won't take him to a daycare out of district. This was a main focus of the discussions and figuring out options.</p> <p>The child was not significantly delayed so it was unclear what was going to be offered by the school for programming.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p>	<p>The options for this family were one of the magnet schools, which happened to be in their town. There was discussion about other magnet schools, but this particular school was their preference- especially since it was in their district.</p> <p>Since the parents did not live together, the mom did the application to the magnet schools. The mom ended up moving, so the school district tried to say that they were no longer the district, even though it</p>

<p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>is where the dad lived and the child stayed with dad at night.</p> <p>The child was accepted to the magnet school, but the district was saying that they were not going to do his eligibility and IEP, so the parents had to fight with the district that the child was still a part of that district since his primary residence was his father's house, but the mom completed the applications.</p> <p>They took a tour at the magnet school and loved it, so they wanted to go there without looking at other programs.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The school wanted updated testing, but the child was not due for an annual review because he had been in birth-3 for 6 months. In the past, birth-3 has done the testing and updated assessments but not the schools are requiring 2 or 3 visits to the school to do assessments.</p> <p>This was a change and the service coordinator was not involved in this process, it was the parents and the school district.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the</i></p>	<p>It was a shock to the parents that the child was not determined eligible for any services. Part of the reason that birth-3 did the assessments was because they knew the child and family, so unfortunately the assessments done by the school district were not an accurate picture of what he child really was.</p> <p>There was no follow up from the school district to the parents or the service coordinator before the PPT eligibility meeting about the results of the testing.</p> <p>The service coordinator felt that her hands were tied, trying to ease the anxiety of the parents.</p> <p>If the parents had not applied and been</p>

<p><i>Part C program and receiving program?</i> <i>-How was information shared across programs?</i> <i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>accepted to the magnet school, he would still be in the daycare center.</p> <p>And this child had some serious language delays and it was shocking that he did not receive any services from the district.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family? <i>-How was the child during the transition?</i> <i>-What was the child's reactions to the activities implemented during the transition?</i> <i>-How was the family during the transition?</i> <i>-What was the family's response or reaction during the transition?</i> <i>-What did they say?</i> <i>-What did they do?</i> <i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i> <i>-What was the family's reaction to the plan for services?</i> <i>-Were the services similar or different than what the family experienced in Part C?</i> <i>-What was the family's reaction to similarities/differences?</i> <i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i> <i>-If there was a lag time, what did the child and family do during the lag time?</i></p>	<p>The result of assessments done by the school was that the child was not found eligible for services, which shocked the service coordinator.</p> <p>The service coordinator reminded the mom that she could advocate for her son, and question the results of the assessment. The child has been in daycare his entire life, so the school's argument is that he is going to be in a language rich environment in the classroom so he'll just pick up on language.</p> <p>The child did not receive any services.</p> <p>The parents were frustrated but also grateful that he was at least in the magnet school.</p> <p>No formal information was collected from the agency. The service coordinator saw the mom at an event and they briefly said that they thought the school was good, but no real updates on how he is doing.</p>

<p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>There needs to be something done to fix the communication, and not keeping results a secret until the PPT meeting date. Also needing understand how districts determine eligibility and why they are different.</p>

SERVICE COORDINATOR 5 FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	High
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Moderate
<p>Tell me about the types of services the child was receiving in your Part C program.</p> <p><i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>The child had an autism-specific diagnosis.</p> <p>At home therapy and daycare as well</p> <p>-ABA 3xweek (provided by a DTA) (some visits at home and some daycare)</p> <p>-SLP 2x month</p> <p>-OT 2xmonth</p> <p>-Social Worker on parent counseling (2x month)</p> <p>-BCBA 1xweek</p> <p>(Intensive services)</p>

	<p>Received services for close to a year. He was with a birth-3 program in another state. When they came to CT they went directly into an ASD specific program, with the team developing a whole new IFSP.</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The family had a few transition goals</p> <p>-The family was planning to move during the transition process. So the family wanted to get the child associated with a preschool in their new town/district in Connecticut. The new district was not a district in which the birth-3 agency provided service to.</p> <p>They also wanted to engage in social community activities in the new town</p> <p>The family wanted to work on identifying services and therapy from the birth-3 company that could be funded by insurance.</p> <p>Transition specific goals: community based activities, identifying resources for the new town, information about the new school district, researching clinics in the new town.</p> <p>The community goals were included since his first initial IFSP, so the discussions around transition were always happening throughout services.</p> <p>The transition meeting occurred at least 6 months in advance. The family wanted to include the school, and this happened in the current district where they were living (not the district where they thought they were moving to).</p> <p>The meeting happened at the school instead of the home, per request by the parents.</p> <p>The district set up times to do evaluations, and the final meeting about a month before the child turned 3. At this point, it has been solidified that the family was going to move.</p>

	<p>There were 3 representatives from the new school district that attended the transition meeting for eligibility with the current school district.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The family, from day 1, wanted to know what would be their next steps. If their son still had developmental delays when the child turned 3, what would the options be?</p> <p>Different options were presented to explore, such as community-based programs, looking into what their insurance would cover, public preschool options in their town.</p> <p>The family wanted to know all of their options.</p> <p>The family wanted to first explore the school system and eligibility. There were also local library groups, public community preschool programs. The parents had difficult work schedules, but they still found events and activities in the community that the parents attended with their child. The parents also joined Facebook groups and online groups of other parents.</p> <p>Once the parents decided they wanted to move, the family felt confident in looking up groups in their new town (having gone through it with the support of the service coordinator in their current town).</p> <p>The family decided to move to be closer to the father's job, but also making sure that the district had good schools.</p> <p>The family started looking into over 3 therapy options, and they visited programs. The parents set up visits on their own (including library groups, "touch a truck event", sensory friendly movies")</p>

	<p>The preschool program they were able to visit during the transition meeting, and during the evaluation of the child the school coordinator took them on a school tour.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>Primarily the service coordinator was responsible from birth-3 and there was a school representative that was in charge of transitions from both the district where they lived and the new district where they were moving.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The communication to set up transition meeting and share paperwork went through the service coordinator and school coordinator.</p> <p>During the eligibility PPT, there was missing information from Birth-3 because the school did not receive the updated assessments from birth-3. The school didn't have the formal report to reference, but the service coordinator was in the meeting with the family and could verbally share updates. (But the school had done their own evaluations)</p> <p>The representative from the school district where the family had decided to move also attended the PPT.</p> <p>The service coordinator took responsibility for not following up with the two districts to confirm that they had the information, she assumed the districts were going to reach out to her for information that they needed.</p> <p>There was also a lot of communication between the school district and family-</p>

	outside of birth-3. The family felt prepared and the school was transparent at each step.
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable</i></p>	<p>The family felt confident that he would qualify for services after the evaluation the school. They did not seem nervous, and seemed more excited to hear about program options- and a little anxious about what his schedule would look like in terms of hours and transportation back to a daycare.</p> <p>The service coordinator reported that she felt they helped to prepare the family for what to expect at the transition meeting, and the family felt confident going into the process, and knowing what the results were going to be.</p> <p>During the PPT meeting he qualified for services. They put the Dx of ASD on his IEP (which had been discussed with the family prior to the meeting with the service coordinator, so the service coordinator went through with the family what the district has done before)</p> <p>Integrated Classroom: 4 days per week (full days) 8:30-3:30 and he was going to receive OT consultation (observe in classroom) SLP weekly Behavior Therapist consultation (monthly) 1:1 instruction in the classroom Speech group 1x week (This was offered by the district where they were living at the time, but it was unsure what the program was going to be in his new district). The school was going to finalize his IEP and would transfer over to the new school system. The school representative from the new district shared that their program was 5 days ½ days instead of full days, but the school would still meet the child's needs.</p> <p>The family was very pleased, there was no rebuttal or discussion of more or less</p>

<p><i>information about the child or family in your response)</i></p>	<p>therapy, additional supports or accommodations. The family was thankful of the school district and thanking the service coordinator for the assistance with the process. They were very satisfied.</p> <p>The child was fine, he didn't attend the first meeting but the evaluation and assessment at the school was fine. They saw his true colors and difficulties in transitions, and activities. He continued to make progress in birth-3.</p> <p>Doing exit scores in the 3 general areas with the family (looking at curriculum based assessments, family responses and observations, and the daycare teachers). He had made progress since he started with birth-3. There is also an update of the HELP that is shared with the family. In terms of informal, there is not ability to reach out to families post exit. The family has to reach out, but the service coordinator did not hear from the family after the move.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>What made the transition successful was the family was invested from the beginning. It wasn't a surprise to them and they were prepared for the meetings. What also made it successful was the school district where they were moving was invested and attended the eligibility PPT in their old district- making that school one step ahead. This made the family feel reassured and that the child would still be supported and his needs would be met</p>

**SERVICE COORDINATOR 5
FAMILY 2**

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
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<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	<p>Severe</p>
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>He was getting intensive services. 3 or 4 times a week of ABA therapy (by DTA) for 2 hour sessions Weekly BCBA support Weekly OT Weekly SLP 2x month of PT</p> <p>All happening in the home</p> <p>He was in Birth-3 for a little over a year But he had started in a program called "Minding the Baby" which started in the mother's pregnancy-, which helped the mom stay healthy and knowledgeable during pregnancy. They supported the mom after she had her son, and referred to birth-3. He started general birth-3 around 6 months because of delays in motor development. The general birth-3 program recommended the family going to a more autism-specific program to get more intensive services, so he started just as he was turning 2 with this service coordinator.</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i></p>	<p>This family was Low SES, their transition plan was pretty extensive. They wanted assistance in therapy services to support development, through local schools or local clinics. The mom also wanted support in housing, particularly in transition. Once he turned 3 they wanted to look into insurance resources (things beyond therapy such as diapers and clothes).</p> <p>The service coordinator saw him weekly as an OT and was responsible for transition planning.</p>

<p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The family referred to the local school district, and if he was determined eligible then the school would provide therapy in school. The mom thought this would be the best option.</p> <p>This particular district tends to do transition meetings later than some other districts around them, so the transition meeting happened about 4 months before the child turned 3.</p> <p>But the service coordinator had the school representative call into a team meeting about 6 or 7 months before the child turned 3. The service coordinator reached out to school, this family was extremely anxious about the transition process and wanted to know what school options were available. So the transition coordinator shared about some programs they had. Including “Ready Set Go” programs, public school options.</p>
<p><i>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</i></p> <p><i>-Who was involved in implementing the transition plan and what was each person’s role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The initial transition meeting was at the family’s home. The school district did the PPT 1 at the school office- this was reviewing the assessment information from birth-3 and set up an evaluation (this was held at the district office so the family was not able to see the school yet). The family ended up cancelling the evaluation because the mom was sick (the service coordinator helped them get bus passes). The school district “was pressed for evaluation slots” so they scheduled another one much closer to his birthday and at that time there was a snowstorm so the school was closed and had to be re-scheduled (the family did not</p>

	decided). The next evaluation was scheduled after his 3 rd birthday, so the service coordinator was not able to see the family through the process.
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>This was an only child, and he was severely delayed. The birth-3 team made small steps after 14 months, with small gains but not major progress. He was severely impaired, and the parents just wanted him to make progress. His severity of diagnosis made the mom anxious, and the mom had never been away from him. The father was not as active in therapy sessions and had a difficult time accepting the ASD diagnosis.</p> <p>The family did not have a lot of means to get out into the community. They did not have a vehicle and did not have a lot of extra money to get a bus pass to get out of the community. The mom was expecting for the child to be able to be eligible for school and the bus would be able to pick him up and drop him off since they did not have any other transportation.</p> <p>The service coordinator spoke with the transition coordinator from the school district. The rest of the communication went through the school secretary at the school district to set up evaluation and meeting dates.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p>	<p>There was going to be a lag in therapy services because the evaluation to determine eligibility was rescheduled after the child turned 3 years old.</p> <p>The service coordinator provided resources to apply for the Autism Waiver under DDS, but by the time they applied it was a year and a half waiting list.</p> <p>During birth-3, the family walked to a local library to spend time in the community. The service coordinator tried to help the family continue with these community</p>

<p>-What did they say? -What did they do? -Tell me what type of services were offered and accepted for the child in their receiving program. -What was the family's reaction to the plan for services? -Were the services similar or different than what the family experienced in Part C? -What was the family's reaction to similarities/differences? -How long was it between the child turning 3 (ending Part C) and beginning in their receiving program? -If there was a lag time, what did the child and family do during the lag time? -Who helped figure out ways to fill this time before the child began in his/her receiving program? -What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</p>	<p>resources after he turned 3 and birth-3 no longer was in the home.</p> <p>The plan was for the mom to take the son to the evaluation and get him started with services in school. There is no doubt that this child should qualify, but it was a matter of scheduling and lack of follow through. It was difficult not being able for the service coordinator to be a part of the transition process since it happened after the child turned 3 years old.</p> <p>The service coordinator is unsure of what services the child was offered and accepted.</p> <p>The service coordinator did talk with the family about what would happen if the parents were not happy with program options once they were determined eligible in the school district. She got them in touch with someone through "Minding the baby" which was their previous program.</p> <p>This mother was grateful to have everyone in the home, and that her son was making progress. She was always involved in sessions and really grateful and had a plan of what to work on at home after birth-3 until they figured out the school programming.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>From the service coordinators perspective, she felt that the school district is kind of cold during meetings. They are just pushing the family in and out because they have so many meetings back to back and don't allow a lot of time. This is one meeting that the service coordinator wanted to be at the school, so it made her feel concerned that she couldn't support the parent through that process.</p>

	“It didn’t go well because the service coordinator couldn’t be there and see it through to the end”
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SERVICE COORDINATOR 6
FAMILY 1

How would you describe the family’s socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)	Middle
How would you describe the child’s severity of developmental delay at the time of transition? (Mild, Moderate, Severe)	Moderate
Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as ‘the mom’, ‘the dad’, ‘the occupational therapist’ etc.)</i> <i>-How often was the child receiving services?</i>	<p>1x week, initially it was at home with the mom and then starting last July it was with her grandmother (who provides child care)</p> <p>45 minutes and then increased to 60 minutes.</p> <p>With the service coordinator to look at all areas of development (primarily communication and motor)</p> <p>3 joint consults with the PT</p> <p>The child started walking within 2-3 months of service, the family wanted to continue because they had concerns about the child’s communication. The SC continued, and in August 2017, an SLP was added to the plan. The SLP visited twice.</p> <p>Child received services for 18 months before transitioning</p>
We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.	The IFSP transition page- First step was to sign the LEA (Lead Education Agency) referral form at 2 years 6 months- giving the LEA the heads up that the family is interested in finding out if their child finds out for services.

<p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Next step is to schedule a transition conference. The agency policy is for the service coordinator to hold a transition meeting with the family to give the family an idea of what the transition conference will look like with the school.</p> <p>Meeting was held in August 2017, and the family decided they wanted to pursue the transition conference with the school.</p> <p>The family outcome page there was a 'schedule the transition conference' goal identified, but not broken down.</p> <p>The LEA was sending their letter to the parent to a prior address, so the parents were not receiving the school documents. The SC called the school to find out if they had received the referral form, which is when they found out about the previous address.</p> <p>The other scheduling issue was that the mom started working, and then someone got sick, and then having a snow storm, so scheduling the transition conference with the school was difficult.</p> <p>The transition conference ended up being held on the phone between the school and the family (with the special educator, OT, and an SLP)</p> <p>The family wanted information about preschool programs in the area. The SC provided them with magnet school lottery information which was also put on the transition plan.</p> <p>The SC gave the family magnet school lottery booklet with description of the schools and FAQs. The SC went over the options with the family, including online resources with additional information.</p>
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	<p>The family submitted a magnet school application and the SC let them know that they can pick up to 5 school options for magnet.</p> <p>Researching other preschool options, the SC gave information about other schools in the area. There is a head start program in the town, but one of the challenges is having an application process.</p> <p>The SC found out more about the process for application because she saw another child at the school. The SC was able to get a phone number that all the parents have to call and a handout that lays out the steps that parents have to follow.</p> <p>This family was able to get through to the number and start the process to apply to head start.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The parents were aware that their child may or may not qualify for services. They new they needed a backup plan (the SC shared that they should be prepared for options).</p> <p>The SC showed a list of options in the area. The one that the parent chose was because they had heard of the program, and it was close to where the grandmother lives- and COST! After from exploring other programs, there were some t where the cost prevented them from enrolling.</p> <p>The SC discussed that the public school- the school system- they are looking at the child from an educational perspective, which is a different than looking at a developmental perspective. The school uses the same evaluation assessment that Birth-3 uses, but because they are looking at it from an educational perspective and what it looks like in a classroom which is different than looking developmentally.</p>

	<p>The parents did not visit any program options. It is a challenge to visit- the private programs (i.e. Educational Playcare) or home daycares won't typically allow visitors. The Head Start and PreK doesn't always allow visitors, until after the child is found eligible or enrolled in the program.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>What was written was followed, with the exception of the scheduling issues that came up with the transition conference (which was more timeline related). Otherwise, it went according to plan and followed each of the steps that was outlined. There were also adjustments made based on what parent expectations and figuring out what is affordable and available.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>In the end, the child/family got a placement with the school system. They also got into the Head Start program for the days that the child was not at the special education preschool program.</p> <p>The parents felt like they were well informed about each step of the transition process, and felt supported by the service coordination piece- having [me] available to support through scheduling. The service coordinator helped make the phone calls during visits and followed up about contact with the school system. "I think the family felt supported because everyone was involved in staying in touch and everything was followed through"</p> <p>The child had an evaluation at the school and part of the evaluation was an observation in a preschool classroom. The SC could not be at the evaluation, but the school system shared at the eligibility meeting that the child enjoyed being in the classroom, she responded and interacted.</p>

	<p>The parents seemed happy with the child and school.</p> <p>At the end of the meeting, the SC shared with the parents that they could call the special educator at the school with any questions. The SC provided a lot of reassurance knowing that the school would be taking over- and reminding the family that if they don't get an immediate response not to assume they are being ignored, that they should call the special educator because it is not like her to not respond.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p>	<p>The family was very happy about the outcome of their child being eligible. The child is going to receive:</p> <p>SLP Special Education Services will be offered 3 days per week for 2.5 hours per day, and the family was offered transportation.</p> <p>The SC checked in with the family and asked what they thought, and the family said they were pleased that she would be getting services and a placement. They are hoping to fill in the other two days and the afternoons (since the program is only half day) with the Head Start placement.</p> <p>There was one week in between turning 3 and starting the preschool program. It was a casual conversation of what the family was going to do for that week- the child spent the week with the grandmother which was their routine anyway.</p> <p>Exit scores were collected before the child turned 3 and this was reviewed with the parent.</p> <p>There was nothing formal collected by the parent after transition, but the SC will check in with the family after a couple of</p>

<p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>weeks to see how things are going. The SC had not reached out to this family yet.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>I wish we could do a more specific follow up, like a family satisfaction survey. I would like to see, ideally, a transition piece that extends from birth-3 where services could remain until the child is 3 years and a month to make sure everything is in place. I think this family has everything in place, but it would be nice to have more follow through after they child is 3. Even just the service coordinator from Birth-3 or if the school had someone that could be a part of birth-3 and then school.</p>

SERVICE COORDINATOR 6

FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Middle</p>
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	<p>Moderate</p>
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share</i></p>	<p>The child started at 1xweek for 45 minutes. The SC was the only provider and the concern was around communication delays.</p>

<p><i>specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>In September 2017 the child qualified for intensive services, but the mom was not ready for intensive services. But then decided to go to intensive services at the end of November.</p> <p>Intensive services were 3 days/week, starting with 11 hours per week.</p> <p>The SC and another developmental therapist, an OT, and a lead teacher were providing services. The mom did not want an SLP because the child was receiving SLP services from an outside provider</p> <p>There were phone calls with the outside SLP, and the SC attended one of the sessions with the outside SLP.</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The same steps, signing the LEA, schedule the transition conference, and attend the PPT for eligibility, and research preschools.</p> <p>A main priority was a placement in a preschool, and she was hoping he would receive services from the LEA.</p> <p>The first 3 steps are for everyone in transition, with timelines and working with the school system.</p> <p>This mom's main priority was for her child to be in a preschool program, hoping for services, but just have a place to go in general.</p> <p>The child started at a preschool where the birth-3 team could come before the child turned 3.</p>
<p><i>Tell me about the receiving program options that were available for this child and family,</i></p>	<p>The SC provided the information about the lottery for the magnet schools, starting at 3. The SC also talked about other preschool options, but cost was an issue for this</p>

<p><i>and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>family. The mom felt like she did not have any affordable options.</p> <p>The OT suggested a preschool program and the SLP suggested the same preschool program.</p> <p>The team talked to mom a few times about options, and the mom went to visit this program and work out a payment plan that they could afford.</p> <p>What appealed to mom about the program that she visited, was cost, and this program has a lot of experience with children with special needs- specifically sensory needs. So the mom loved this program and felt that this was a good fit. Had the mom not been able to work out a payment plan, she would not be able to send her child there.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The transition went according to the timeline until they got to eligibility. The SC, OT, and SLP were involved in helping the family plan. The SC was involved across all aspects, including transitioning to the preschool program.</p> <p>It did not go to plan when they got to eligibility.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p>	<p>The expectation was that the child would qualify for services from the school district. A lot of parents who have a child that qualify for intensive services in birth-3 think it will be automatic to receive services in preschool. The SC tries to prepare the family about how eligibility is different in the school and there is not automatic eligibility- it depends on the results of the evaluation. Also letting the parent know that if they want more services for their child, that they can ask the</p>

<p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>pediatrician for referral for the area of concern (i.e. SLP, OT) so they can have an evaluation by that discipline. The SC also let the family know that they may qualify for ABA services at home.</p> <p>The mom's expectation is that the sensory preschool where he is that they will just figure him out- and he will eventually qualify for services. The mom feels like because of his diagnosis and needs that he will qualify. When the SC brings up the possibility of not being eligible for the school her response is that "we'll be fine".</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and</i></p>	<p>The LEA was signed and received, and the SC attended the PPT (transition conference). The school district scheduled an evaluation with the family and the final eligibility meeting (final PPT).</p> <p>The SC received a call from the school district the day before the evaluation to see if she could provide evaluation scores because they had scores from 2016. The SC said that those scores were the most recent scores that they had. The school district asked about scores from the annual review that was held in October 2017- the SC explained that there was a progress note and the HELP checklist was only used for the annual review (which doesn't provide standardized scores). The school district assumed that because the child had an annual review that he also had an evaluation with standardized scores.</p> <p>The school only did an observation on the child because they assumed that the birth-3 team did a standardized test during the annual, and the child was exiting birth-3 in a week but there were not scores available to determine eligibility for preschool services.</p>

<p><i>beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The family is waiting to have a new evaluation scheduled. The school contacted mom and they still held the PPT the following day, but then it was a snow day.</p> <p>The PPT still hasn't been rescheduled and the child has already turned 3 a few weeks ago.</p> <p>The SC contacted the lead teacher from Birth-3 and the other DTA has tried to check in with mom. The mom knows it will eventually happen, but it is delayed.</p> <p>The mom is trying not to be anxious, but because he has the preschool placement with OT and SLP services at the private practice, she at least has something in place despite the delay in the school system.</p> <p>The preschool program does not offer services without the school IEP, so there is still a lag in services outside of the private placement.</p> <p>The concern for everybody, is how the child will be without the support of services in the preschool program- right now the child is happy and doing well in the program.</p> <p>The expectation is that the child will continue at the sensory preschool 2 days per week, and has his outpatient services one morning a week, so the mom will continue that schedule after the child turned 3.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>This is an example to support the reason to have the birth-3 service coordinator for 1-2 months after being 3. But if the child doesn't qualify for services in preschool then they don't get a liaison from the school. It would be so much more beneficial for the family to have the</p>

	overlap after turning 3 so they don't just get dumped.
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SERVICE COORDINATOR 7

FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Middle
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Moderate
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>He received PT 2xmonth OT 2x month SLP weekly</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i></p>	<p>It was a team process to plan for transition. Some of the steps were to</p> <ol style="list-style-type: none"> 1. Visit the preschool classroom 2. Look into private preschool options 3. Plan the transition meeting (making a list of questions for the meeting) 4. Contact CPAC (CT Parent Advocacy Council) to discuss what special education services should look like and best way to advocate <p>Timelines for planning: The child came into B-3 when he was 3 months old. So transition was addressed throughout his entire time in Birth-3.</p>

<p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Addressing the different steps or possibilities when he turned 3.</p> <p>LEA referral was signed at 2 years of age. This is when planning really began</p> <p>The mom took the 5-week advocacy training through CPAC when he was 26 months.</p> <p>The school was contacted when he was 28 months. The system/district the child was in was extremely generous in allowing the family to do visits before the transition meeting occurred. The family talked to the special education director several times before the transition occurred, too.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The family was deciding between community services and the school system. The receiving town had two options, one of which wasn't appropriate (it was an ASD program without many typical peers) and then they had the integrated program classroom. They also were provided information from the service coordinator about community based programs.</p> <p>Seeing the programs and meeting providers, talking to the special education coordinator assisted the parents in making decisions.</p> <p>They were also going to visit several town preschool programs so they could see the differences between the two programs. They reported that they liked how the teacher was teaching in the classroom in the district integrated program, and thought it would be a good fit for their child.</p> <p>The program they ended up choosing through the LEA is a 50/50 mix of typical peers and children with needs, and the family liked having the mix. They also liked the option of having OT, PT, and SLP provide services within that school day.</p>

	<p>Prior to talking to the special education coordinator in the district, the family had lower expectations of what happened. This was possibly because of the advocacy training of going to the CPAC program, because they had heard from parents who had already gone through the transition and shared kind of negative experiences, so they went in thinking it was going to be bad. But it also helped spur them on to look at multiple options and visit multiple programs that the service coordinator shared with them.</p> <p>The parents considered the number of days in the program, the services provided in the program, the make up of the classroom, the transportation aspects, the fact that the school was within their neighborhood- so this is would be where he would go to kindergarten.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The plan was followed almost perfectly. All timelines were followed as they were written and according to what is supposed to happen.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p>	<p>The transition process was also their PPT1, which was held at the school. But both PPT1 and PPT2 were attended by the special education coordinator, teacher, and all of the related disciplines who were going to be involved in the case. That was nice in that there was a lot of discussion from the beginning.</p> <p>The receiving school also had the child come in for a play date so that he could be</p>

<p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>seen by all of the disciplines in a play-based setting.</p> <p>The school also asked birth-3 to update testing to be considered when making decisions for the child and get insight to what the child's typical day looks like.</p> <p>Birth-3 did a combination of the BDI-2 and the Carolina Curriculum, to get a standardized score as well as the curriculum based activities. The school play-date was more of an observation. The school used the birth-3 scores to determine special education eligibility.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p>	<p>This family was comfortable with their decision to place the child in the school system. The family knew the providers of the program before the child went to school. The child had the chance to become acclimated to the school.</p> <p>As the service coordinator, the primary job was to point the family in the right direction. Identify who they should contact in the school system, give them resources on other programs,</p> <p>Prior to the play-date, the service coordinator went with the family to the school to look around and see the playground.</p> <p>The family was proactive, so the service coordinator provided more guidance and be a person to help organize the family's ideas. Transition was discussed in great detail, so the family was well aware of what the process was.</p> <p>At a meeting, the service coordinator helped the parents create a list of questions and topics to guide the parents during the transition meeting with the school.</p>

<p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The parents were apprehensive that the transition was going to easily, after going to the CPAC training they were expecting something wasn't going the right way. But overall the parents were apprehensive but calm throughout the whole process, they were aware of what was happening next so they were prepared at each step.</p> <p>The child is a laidback kind of child, okay with everything. The time he got most annoyed with PPT meetings because they lasted too long for his liking. But the LEA had toys and crayons and things to play with, so he wasn't bored.</p> <p>The child ended up getting 4 half days with PT 1xweek OT 1xweek SLP 1x week Summer services</p> <p>The family was very pleased with the services. They were more frequent than what the family was receiving in Part C. The service coordinator had explained the difference between natural routines and least restrictive environments, and other differences in Part C and the schools.</p> <p>There was 1-2 weeks between ending Part C and beginning in his school district. He was offered to start school at his 3rd birthday, but he ended up having surgery, and his recovery went into the start of school- so he began after he was recovered from his surgery.</p> <p>The service coordinator always calls families within the first week of beginning school to check in with the family, to make sure they got what they were offered and things are going well. The family has shared information with the service coordinator. The child has been in school</p>
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	for 9 months now and the family said they are very happy with the program.
What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?	This family was extremely involved in each step and process of birth-3. The service coordinator knew they were going to be advocates throughout the process, and they are always advocating. It is hard to say if it had anything to do with the birth-3 team or just how the parents are. The service coordinator does not work in this particular district often, so it was also nice to see everything go so smoothly.

SERVICE COORDINATOR 7

FAMILY 2

How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)	Low
How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)	Severe
Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i>	This child was receiving OT 1xweek PT 1xweek SLP 1xweek This child and family were with the agency and with this service coordinator for 4 months before turning 3. He was in a different Part C program since being 3 months old, but the agency went out of business so he switched to the new agency.
We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was	The preceding program had started the transition process by getting the referral to the LEA and making up an initial transition plan, and setting up a transition meeting.

<p>developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The transition meeting with the new agency happened at the same time of the initial IFSP meeting. The transition plan included visiting schools, making up questions, and getting the family involved with community programs such as CPAC, Family Needs Support Center, and the Special Needs for Special Children program at CCMC, and start the process for DDS enrollment.</p> <p>The parents were very concerned about transition because of the severity of the illness or disability. They were not sure they wanted him to go to school at all- so they were considering whether to go through the school system or keep him home and do private services.</p> <p>Once beginning in the birth-3 agency, there was an immediate transition meeting. Everything went quickly with this child and family. The transition PPT1 and PPT2 were held at the school- and all 3 meetings happened in 3 months.</p> <p>The child had multiple medical and physical needs. The service coordinator had the family talk to their medical specialists to get their input on what they think would be best for the child. They tried to look at the different options of programs from the LEA. The transition coordinator from the LEA came to the transition meeting at home to help answer questions. There was a play-date classroom observation as well.</p> <p>In the midst of the transition, the family was considering moving. So there was a lot of discussion about what would happen if they were to move and where they wanted to move.</p>
<p><i>Tell me about the receiving program options that were</i></p>	<p>The parents didn't get a lot of input from the school system. The birth-3 team had</p>

<p><i>available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>been in this down for quite some time, so the birth-3 team knew options. When asked if the parents could see the options, the school system said no. They had to be deemed eligible before visiting the program options (had to go through the PPT2).</p> <p>The parent expectations were apprehensive due to the child's needs. They didn't have many expectations going into the program. They had a nephew in the same school system and in a preschool classroom- so the family was going by what their nephew had experienced. The service coordinator had conversations with them that program options are different and they need to go by what is best for their child-, which was different than the needs of the nephew.</p> <p>The parents opted to not do the CPAC training.</p> <p>It was the service coordinator and the school system coordinator giving most of the input during the transition process.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>School system eligibility was based on the scores provided by Birth-3 in the BDI-2. The service coordinator thought he would be automatically eligible based on the diagnosis this child had, but it did not. The service coordinator did not remember what he was categorized in the school.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p>	<p>The parents considered the child's health status and services being offered by the school. At the time services and programming were offered, the school and classroom teachers they met with were all different than what happened once the child went to school.</p>

<p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The parents were expecting the same services in birth-3 in the preschool program.</p> <p>The PPT told the family the program option they were going to get after eligibility.</p> <p>When the parent went to register the child for school, the registrar person asked which school they were attending, so the parents told them that it was the school they had had all of their PPT meetings. But, they were assigned to a different school building and team. The family found out the difference in building, classroom, and team the day before the first day of school because the service coordinator called the transition coordinator to make sure equipment was in place for the child before the first day.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the</i></p>	<p>The family seemed happy and accepting of the program, up until the day he went to the program. Although the birth-3 team encouraged the family to ask and be curious about different services provided within that school system.</p> <p>He went to a typical, integrated preschool classroom. The child did not have any para support, and ratio of child to adult in the classroom was 8:1. They had some options for lesser ratios but the family was happy with what was offered until they found out it was at a different school.</p> <p>Their nephew was at the school where the meetings were held, so that was their vision for their child. The school had a preschool wing and more preschool classrooms. The program they ended up getting was housed at a middle school with two preschool classrooms in it.</p>

<p><i>family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The child did well- it was concerning because it was also a surprise to the classroom teacher that the child was coming. There was no equipment set up and nothing ready for the child on the first day of school. The nurse had a plan but didn't talk to the mom until the first day of school about the child's needs. The first day of school the child stayed in his wheelchair the whole time, but he was excited to see other children.</p> <p>The family was very upset and angry because the way they found out about the other program was because the service coordinator called about equipment. If that phone call didn't happen the family would have shown up at the other school.</p> <p>The service coordinator had the family speak to the special education coordinator that day before the first day of school- there was tension. The family went the first day being upset to begin with, and then the classroom wasn't ready for the child. They also weren't let into the main parking area and had to park in a satellite lot so they were late coming into the day.</p> <p>The child was getting 5 half days and he got weekly OT, PT, and SLP (but outlined as 30 hours a year in the IEP)</p> <p>The child started school on his 3rd birthday.</p> <p>The service coordinator spoke many times to the family since the transition. They have not expressed anything but gratitude for what the birth-3 team did during transition. The service coordinator feels like they could have done more, especially only having the child 4 months and with significant needs. "I feel bad they didn't get to talk to more people before the process ended". They were happy with the</p>
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	<p>program with what they got once it was all said and done.</p> <p>The first week was very tough and came to the point where the service coordinator had a phone meeting with the special education coordinator because of the displeasure in the transition.</p> <p>The child loves to go to school, and the mom is glad she ended up putting him in the school.</p>
What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?	It is just important to start the transition process really early

SERVICE COORDINATOR 8
FAMILY 1

How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)	Middle
How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)	Moderate
Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i>	<p>The child was receiving visits from a developmental teacher 1x week and SLP 2xweek.</p> <p>The child was receiving services for about 18 months in birth-3</p>

<p><i>-How often was the child receiving services?</i></p>	
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Transition plan was to update testing, and there were concerns with the motor skills. There was a plan to bring in an OT and PT for motor assessment.</p> <p>The mom wanted to do a visit to the school, so the service coordinator helped arrange the meetings for the child and the visits to the school with the director of services.</p> <p>The transition meeting was held 3 months exactly before the child turned 3 (after being rescheduled because of a snow day).</p> <p>The director of early childhood for the district met with the family and birth-3 team to discuss the transition into school, which was helpful for the parents to get questions answered.</p> <p>The mom did a great job of talking about the child and her concerns for development. The mom was the one who dictated where she wanted to have the meeting and went in with a prepared list of questions and items to discuss about the child. She wanted to get an idea of programs and what was going to be the best fit for her child.</p> <p>The transition conversation was on-going, especially when new developmental areas of concerns popped up. The discussion was based on mom and dad's goals and what they envisioned for the child. In this particular district, if the child qualifies based just on speech delays the school will only offer speech services and not a placement in a classroom. So the mom wanted to make sure the school knew her concerns with other areas of development and how delayed the child was with</p>

	<p>expressive language so that she could be in a preschool slot.</p> <p>The service coordinator spoke with the parents a lot and guided them on how to plan for the PPT and dictate the goals and areas that their priorities for</p> <p>The parent priorities were to work on speech, motor planning, and coordination. In particular, trying to figure out what was going on with her motor planning, and they wanted her to be in a preschool classroom to be around peers and get therapy to develop her skills.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>This district has 3 options for programs, they do an integrated preschool program (either morning or afternoon), a highly individualized full day program- with a combination of 1:1 instruction and some peer models, and they do itinerant speech. The mom wanted the child to be in the integrated program so she had peer models.</p> <p>The service coordinator shared information about the programs, as well as other options in the community. The parents wanted the child in the school district.</p> <p>The parents went in knowing that the school system could be difficult, and knowing that from conversations with friends and other people in the community who had gone through this process before. The mom was also a special education teacher that had worked in the school system before, so she knew what she was up against.</p> <p>The mom is very active in the mom clubs in the community, so her expectations weren't high but she wanted her child to be in a preschool slot- not just itinerant speech services.</p>

	<p>The service coordinator supported the parents in their decisions and helped to guide them in how to articulate their wants and needs in the meetings.</p> <p>The parents went to the school for a visit and saw the 2 classrooms- she reported what she observed in the classroom and why she wanted to the integrated classroom for their child.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>There was a lot of discussion about what would be the best model and where she would have the most progress and most success.</p> <p>The only thing that didn't happen in the plan was the PT was not able to do part of the assessment due to illness and snow days, but the OT was able to get a lot of information in the assessment.</p> <p>The school PPT date went as scheduled.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p>	<p>The child ended up going into the integrated preschool program- there was some consideration of putting her with a 1:1 but it was decided that the integrated classroom would be the best fit for this child.</p> <p>Overall, the service coordinator thinks the process went smooth. The mom was really helpful in providing information to both Part C and B619. The SLP at the school was a resource and connection for the birth-3 team, based on relationships built within the district.</p> <p>The service coordinator fax or securely emailed reports and the service coordinator spoke to the SLP liaison at the school over the phone. The mom was updated about all communication between C and 619 staff, from both sides and group emails were sent throughout the process.</p>

<p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the</i></p>	<p>The family response and child response was fine. This particular child would have had difficulty with assessments/testing in the school system, so it was good that the assessments were updated from the birth-3 team to be used for eligibility.</p> <p>The family knew their child's strengths and child's challenges, so they were great at sharing that information with the school.</p> <p>She received in the integrative program: SLP (1 hour/week) OT (1/2 hour/week) PT was going to do a consult- based on consult they were going to do an evaluation after school started.</p> <p>The family was very positive and happy with what they received- they did not expect to get everything they got because of what mom had heard from other parents. It was comparable to what they were getting in birth-3.</p> <p>The child turned 3 on a Saturday, and she started school on that Monday. There was no delay in receiving services.</p> <p>All follow up has been informal. The mom shared that she had to push a bit to get the PT evaluation, but once the PT eval happened the school held a meeting right away. They also did genetic testing and the child has a rare genetic disorder. When the mom has had meetings with the school, the school team has said "well she's getting more services than any other child in our program" and the mom has responded "that's not appropriate, and it really shouldn't matter what my child is getting</p>

<p><i>transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>compared to other children”. The mom also followed up with an email with this information.</p> <p>The mom has shared because of the birth-3 support from the service coordinator the mom felt confident in going into the transition meetings and prepared to share information about her child. The mom has texted the service coordinator since the transition to say thank you and that because of the service coordinator the transition into school went well and shared information about meetings in the school. She felt she was being supported, and she was the one who is responsible for being the advocate for her child and she has the skills to do it.</p>
<p>What other information, if any, do you feel is important for the child and family’s transition experiences that we haven’t talked about yet?</p>	<p>This transition went well is because everything the family wanted and what the child needed was received. And the family was happy with the outcome, which to the service coordinator defines a successful transition.</p> <p>The mom was connected with other moms of children the same age, which was helpful and allowed the mom to talk to someone other than the birth-3 team including her concerns and what to expect.</p>

SERVICE COORDINATOR 8

FAMILY 2

<p>How would you describe the family’s socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
<p>How would you describe the child’s severity of developmental delay at the time of transition?</p>	<p>Severe</p>

(Mild, Moderate, Severe)	
<p>Tell me about the types of services the child was receiving in your Part C program.</p> <p><i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as ‘the mom’, ‘the dad’, ‘the occupational therapist’ etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>She was only receiving weekly speech services by the service coordinator (1 hour each week)</p> <p>The child was in the early intervention program for 5 months before turning 3</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>At the initial IFSP discussions about transition were happening because of the short window of time being in birth-3. At the time, the mom was dealing with the school system for an older sibling (1 year older) to be tested by the school system so she was having a lot of issues with the school system.</p> <p>The service coordinator gave the mom CPAC’s contact information as a resource.</p> <p>For the child in the birth-3 program, the mom wanted to meet with the school sooner rather than later. So as soon as everything was signed, the service coordinator contacted the school to set up the transition meetings.</p> <p>The mom expressed frustration with the pediatrician because when she shared concerns about both of her children the pediatrician dismissed the concerns. It was a member of the family’s church that gave the mom referral information for birth-3. When the mom called infoline, the younger child could be evaluated for birth-3 and info line helped connect the mom to resources for referral at the school for the older child.</p> <p>The mom’s biggest plan was to have the meeting with the school and have the</p>

	<p>service coordinator attend the meeting. The child was also in an Early Head Start program, so she wanted to make sure the EHS teacher could be at the transition meeting at the school district.</p> <p>The service coordinator tried to schedule a meeting with the school 4 months before the child turning 3. The school district changed the date of the meeting 2 or 3 times without letting the birth-3 team know or the EHS teacher know the date change, only the mom and it was last minute. The meeting ended up happening one month before the child turned 3 at the school.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The district has a full day program for children who are more involved. They also have a morning and afternoon program available and depending on scheduling and day of the week would dictate when the slots were offered.</p> <p>The mom was familiar with the program options because of what they had gone through with the older sibling. The service coordinator also helped identify programs in the area (i.e. Head Start)</p> <p>The mom went in anticipating having issues with the school system since she was already having issues with the school system. These issues were discussed with the service coordinator to help the mom figure out what she wanted in the school.</p> <p>The school said the child needed more language testing done, so the service coordinator (SLP) offered to do updated testing and asked the mom if she wanted to do that or get the school to do the testing instead. The mom decided it was better for the service coordinator to do it.</p> <p>The school wanted to observe the child in the EHS classroom, which the mom was happy about.</p>

	<p>The child was supposed to have initial testing done, and the service coordinator shared the timeline information in the law. The mom had to go into the school and stand in the office and told the school that she needed a date scheduled that day or would turn it over to a lawyer- the school scheduled the evaluation. The service coordinator encouraged the mom to also get everything in writing using email to have records for herself and dates.</p> <p>The mom wanted the child to have a good program and to be at school everyday because of the child's needs. The mom was okay with a half-day program, but if a full day was offered the mom would have accepted it.</p> <p>The mom didn't specific visits for this child because the mom was already familiar with the program options. The school runs play groups for children in birth-3, so the mom went to the playgroup to meet teachers and other personnel but decided she didn't want additional visits.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>On the end of the service coordinator and family everything was followed. But the school cancelled a lot of the visits and meetings. This school system is knowing for issuing PPT and meeting dates without listening to parent requests and needs in scheduling. This was an issue with mom's work schedule or issuing a date without letting the team know or know of the change last minute. The school's part there was a lack of communication, and there was an issue of not having things coordinated and lack of follow through from the school.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child</p>	<p>The child did fine with testing and assessments- the service coordinator did some of the testing at home and some at the EHS classroom so there was information about being with other children.</p>

<p>and family's experience during the transition.</p> <ul style="list-style-type: none"> -What happened for the child during the transition? -What happened for the family during the transition? -What did the Part C and receiving program staff do during the transition? -In what ways did the Part C and receiving program staff communicate during the transition? -What type of information was shared between the Part C program and receiving program? -How was information shared across programs? -In what ways did the Part C and receiving program staff collaborate during the transition? 	<p>Getting information to the school was difficult, having to work with the office manager and re-faxing documents because the head of special services (social worker) would not be very responsive or take a long time to respond. There was a lot of emailing with the social worker because the social worker said the best way to get in touch.</p> <p>The mom was happy the school was doing an observation, but was frustrated with the lack of follow through. The mom made a comment to the school about getting the observation done 3 days before the PPT meeting. The mom had a lot of frustration, not necessarily with Part C but with the process that was going on with the school.</p> <p>The lack of school following through with both the mom and the service coordinator to reschedule meetings when cancelled or getting paperwork was the frustration with the mom (and service coordinator). The mom and service coordinator were in frequent communication during the week using email or text to keep each other updated.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <ul style="list-style-type: none"> -How was the child during the transition? -What was the child's reactions to the activities implemented during the transition? -How was the family during the transition? -What was the family's response or reaction during the transition? -What did they say? -What did they do? 	<p>The school system gave 2 half days per week, with 20 minutes of speech and 30 minutes of special education direct services.</p> <p>The mom was not happy with the program at all. The mom wanted the child in at least 4 or 5 days a week, she feels that if she's only in for 2 days a week it wasn't enough.</p> <p>The mom wanted more speech and more carry over and consult from the team within the classroom, similar to how the SLP was working with the EHS classroom. The EHS was carrying over across the day/week, it was a decrease in what she was getting already.</p>

<p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>This child was bi-lingual, but it is not clear if that had any impact on what was offered (the service coordinator had a similar developing child in the same district and had a meeting the week before where the child was offered 5 days per week)</p> <p>The child turned 3 the last day before spring break. The mom is keeping the child at Head Start for now, and has requested another meeting because she doesn't agree with the services being offered. At the time of the interview, the mom had not heard from the school system to reschedule the meeting.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>This was a recent transition so it sticks out so much, and there was a comparison of a similar child that got more services (with a different service coordinator). There are major discrepancies between what the family wants and what the school is offering, and it is still an ongoing process and the child has not started services.</p>

SERVICE COORDINATOR 9
FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	Middle
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Moderate
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>Service Coordinator/OT (1 hour/week) Speech Therapist (1 hour/week)</p> <p>The child was in the program for about a year and a half</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i> <i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>The planning was done with the family. There was a transition meeting with the birth-3 team talking about possible outcomes. Working with the family to figure out and articulate what they wanted for the child, and deciding if they wanted to pursue going through the LEA. Once the school was involved, they were open to the family's expression of the child's needs and their priorities for him. The family had a lot of input. Once the school system is involved, the birth-3 team doesn't make decisions or aren't allowed to advocate for the family, just share experiences in the birth-3 program.</p> <p>This child had a diagnosis of ASD, and was interested in other children. The parents wanted him to get services but be with typically developing peers. The parents also wanted a part time program.</p> <p>In the transition plan, it was written that the family could articulate what they wanted</p>

	<p>for their child. The service coordinator worked with the family on how to advocate for their child with practicing conversations and reviewing the process of transition.</p> <p>It was approximately about 4 months before the child turned 3 when the first meeting was held, and the timelines followed the legal requirements of</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>There is only one school that offers the special education preschool programs, but the district has other school buildings with preschool programs across the district. It was decided based on his needs and the parent wants for the child.</p> <p>The parents decided they wanted a half day program and communicated with the school. Both of the child's moms did not want full time because they wanted him to spend time at home.</p> <p>The service coordinator invited the LEA into the home for the transition meeting to answer questions about options for preschool. Both parents decided they wanted to pursue the LEA options and chose not to look at other community based preschool options. They did a visit after the home transition meeting and decided that it was where they wanted to send their child to school.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>At first the service coordinator said she did not know how to answer the question. The probes were used:</p> <p>The family and service coordinator began talking about transition when birth-3 begins. Articulating what the family wants and the process of signing LEA paperwork and referral are done during sessions.</p> <p>The initial transition meeting happened in the home with the parents, service</p>

	<p>coordinator, SLP from Part C, and the school representative.</p> <p>The meeting at the school happened with the family, service coordinator, and same school representative along with the SLP from the school to plan for eligibility.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>Most of the communication happened by email from the service coordinator. The school used the birth-3 annual evaluation plus an observation of the child in the home to determine eligibility.</p> <p>The family made a lot of the decisions of the planning at home. The family and service coordinator also did visits to the school and took pictures of the school, the buses, the playground, and areas of the school to make a social story to prepare to go to school. The school also allowed the birth-3 team to have a few sessions leading up to the transition at the school playground.</p> <p>The family said they were happy and they trusted the service coordinator and they trusted the school district. They reported feeling comfortable with the decisions and happy that they were being heard about their child.</p> <p>The service coordinator said this one was smooth, compared to other experiences being more adversarial. The parents wanted him in an inclusion classroom, part time, and transportation- and this is what the parents received.</p> <p>During the home visit the school asked what the service coordinator was working on, and strategies that were already being used in the home with the family and child. They also asked during the PPT for input from the family and service coordinator about strategies that were working.</p>

	<p>The OT from the school also talked to the service coordinator (who is an OT as well) before the transition meeting about her initial thoughts and observations so at the meeting she had information from the birth-3 perspective when speaking with the family about goals and priorities.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p>	<p>They offered 4 days per week, half day, inclusion classroom- with SLP and specialized instruction, and OT evaluation to revisit OT specific services- the OT does push in services and works with all the students so they were going to continually evaluate if the child needed more 1:1 OT support as the year progressed- and bussing to and from school. Which is exactly what the parents wanted.</p> <p>The parents felt positive- they wanted to know what to do since they were new to the process and they knew what to do at every step of the way. There was a lot of conversation at each step of what to expect.</p> <p>The child turned 3 at the end of August, and started school 3 weeks later. The family decided to use this time to go on vacation and enjoy summer.</p> <p>The service coordinator talked to the mom after he turned 3 about the first day of school information, but other than that there was not any follow up information collected from the family after the transition.</p>

<p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>I think just went smoothly and the parents were happy at the end of it, and the child ended up in a program that the service coordinator (and parents) feel like met his needs.</p>

**SERVICE COORDINATOR 9
FAMILY 2**

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	<p>Moderate</p>
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>Speech Therapist weekly (1 hour visits) OT bi-weekly as a joint visit with SLP</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was</p>	<p>The OT and SLP set the transition goals in the IFSP. The family did not provide much input and the goals were set more about</p>

<p>developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>timelines (i.e. meet with the school to do the PPT).</p> <p>The timelines were based on the legal obligations</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>This school district is an urban setting, and has many different schools. The way it is structured is that the family is responsible for securing the place for school and then the district will provide services in that school placement. The family has to go to the school and enroll the child after he was determined eligible.</p> <p>The service coordinator told the family about this process, but the family did not end up going to enroll the child in the school so they did not get the school placement that they wanted, so the services delivered by the school ended up being delivered in the daycare setting where the child was already attending.</p> <p>The parents wanted the child to go to one particular school. The transition meeting at home and at the PPT with the school also reviewed the process in enrolling the child in school. The mother had a friend who had a child a bit older in special education and had told the mom “your child will just</p>

	<p>go to here (meaning a particular school)". But the PPTs are held at a specific school, even when the program may not be offered at the school. There was a lot of confusion in the process.</p> <p>This child was receiving services at daycare, and a lot of notes were being sent home in cursive from the SLP- and it wasn't discovered until much later that the mom didn't know how to read cursive. So all of the notes and information being sent home by the SLP were not being understood by the mom. This was discovered when the service coordinator and OT had a meeting with the family and the mom said "oh I can read it this time" when the service coordinator shared a progress note.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>For this family, the goals were set based on deadlines. This family was a hard to reach family, so meetings were difficult to schedule and the child only received services at daycare.</p> <p>The way things happened did not go to the original plan because of the scheduling complications.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the</i></p>	<p>The service coordinator emailed back and forth between the transition coordinator at the district. This is a large district and they send a letter to the house with a scheduled date for the PPT meeting, and emailed this information to the service coordinator. There is not consideration for parent schedules.</p> <p>The school came to the daycare and observed the child, but the first time they met the parents was at the first PPT meeting. It did not seem like a team, and the school talked less to the family and much more to the service coordinator. The</p>

<p><i>transition?</i></p> <ul style="list-style-type: none"> <i>-What type of information was shared between the Part C program and receiving program?</i> <i>-How was information shared across programs?</i> <i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i> 	<p>school district observed the child playing with toys in the room with the meeting (and SLP) while they were doing PPT 1 and then the SLP joined the meeting.</p> <p>There</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <ul style="list-style-type: none"> <i>-How was the child during the transition?</i> <ul style="list-style-type: none"> <i>-What was the child's reactions to the activities implemented during the transition?</i> <i>-How was the family during the transition?</i> <i>-What was the family's response or reaction during the transition?</i> <ul style="list-style-type: none"> <i>-What did they say?</i> <i>-What did they do?</i> <i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i> <ul style="list-style-type: none"> <i>-What was the family's reaction to the plan for services?</i> <i>-Were the services similar or different than what the family experienced in Part C?</i> <i>-What was the family's reaction to similarities/differences?</i> <i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i> 	<p>Horrible.</p> <p>By the time this child turned 3, the mom did not know what was happening. The mom seemed confused and didn't seem to understand the process. Many of the people in the process did not fully include her because her lack of understanding came off and almost a negative attitude. The school didn't seem to understand it was a lack of understanding. The mom didn't know what the child was going to get when he turned 3.</p> <p>The child enjoyed playing with the SLP and enjoyed getting attention at the meeting but he seemed confused, too. He asked "is this my school?" and the mom said "yes this is your school". The service coordinator offered to go with the mom after the PPT to enroll him but the mom shared she would do it later, but that is where the confusion happened.</p> <p>Specialized instruction at the daycare setting (not sure how long) a couple days a week. He also got OT at the daycare setting.</p> <p>The mom was just confused why he wasn't getting to go to school. The mom seemed upset, as if she wasn't getting what needed. She really wanted him to go to the school, but it fills up quickly.</p>

<p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The mom kept asking when he would go to school, but he wasn't enrolled in the school. So the service coordinator tried to work with the mom about enrolling for the following year because there wasn't space- but the mom didn't really talk about it more than being confused about why he wasn't going to school.</p> <p>The child turned 3 in July, and services would start in September when the school year started. They just went to the daycare.</p> <p>There was no follow up with the family after the child turned 3</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>For this family, the mom was not treated respectfully by the school. Because she presented at times with an attitude, she was not included, but it really was more about not understanding. There was so much confusion and she needed to be walked through each step much more and the district was so overwhelming with a confusing process. Because the parents are required to enroll their child in a specific school, there was confusion in that process and not explained by the school very well. The mom waited until the PPT to enroll, so the slots were already filled up by the time the enrollment process was started.</p>

SERVICE COORDINATOR 10
FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
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<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Moderate
<p>Tell me about the types of services the child was receiving in your Part C program.</p> <p><i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>1xweek teacher 1x OT (1 hour each)</p> <p>Evaluated right after first birthday</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Talked about transition from day 1- from the beginning. Talk about the difference between B-3 and school so it's not a surprise. The mom got emotional when talking about the first day.</p> <p>Talked about it as much as we could without pushing it. We supported mom when she had to call the school.</p> <p>Teacher/OT/Family were the team. She had outpatient services but</p> <p>Family wanted her to go to school- she hadn't been in any daycare or preschool program yet, so they wanted her to be around other children. Wanted her to be close to home.</p> <p>Talked about options- SC doesn't always know what the school will offer but talked about past experiences- talked more generally about what has seen.</p> <p>SC has a good relationship with school district- and what to expect for families.</p> <p>Talked about other options incase she wasn't eligible for 619 (i.e. PreK classrooms, daycares).</p>

	<p>Worst case scenario options- regular playgroups that meet every week so get can get socialization and language practice.</p>
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>SC knew that she would be found eligible- so the team starts with eligibility with the local district. The mom had to cancel a lot around Thanksgiving/Christmas time, so we saw her with a lot of make up time, which helped toward the end of services so we could work out questions multiple times a week. Helping to identify realistic expectations and work through advocating through her options and what she wanted for their child.</p> <p>After found eligible, they did a visit to the “diagnostic classroom”. Anyone not in a daycare setting come in and are observed in the classroom. Mom also observed the other classrooms in the school setting.</p> <p>The mom said the school reassured her and they would check in on the mom and the child. She felt comfortable leaving her, which was a huge accomplishment for the mom, so she was happy she was in a safe and good place.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person’s role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>It adhered to all deadlines and guidelines. The teacher and OT knew the family for 2 years and worked closely, so the school district was also involved. PPTs were all on time, and when they were planning the dad got a new job.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child</p>	<p>The child was ready to go to school- she had been home with mom and she had an opportunity to play with cousins and neighbors. But she was ready to be more</p>

<p>and family's experience during the transition.</p> <ul style="list-style-type: none"> -What happened for the child during the transition? -What happened for the family during the transition? -What did the Part C and receiving program staff do during the transition? -In what ways did the Part C and receiving program staff communicate during the transition? -What type of information was shared between the Part C program and receiving program? -How was information shared across programs? -In what ways did the Part C and receiving program staff collaborate during the transition? 	<p>independent and she was excited to be with other kids in the classroom.</p> <p>The blessing is that toward the end Part C got to see her more often- especially after the transition meeting and the PPT1 meeting. There was a good picture of the child and up to date information. The family would not want to send the child to daycare as part of a part day program. Mom was trying to be polite saying yes, but the SC was able to talk to the mom about not trying to please the school and advocating for what she wanted (not having to go to daycare).</p> <p>The updated testing and IFSP were shared with the school. The OT talked to the outpatient OT about what was being done there, too.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <ul style="list-style-type: none"> -How was the child during the transition? -What was the child's reactions to the activities implemented during the transition? -How was the family during the transition? -What was the family's response or reaction during the transition? -What did they say? -What did they do? -Tell me what type of services were offered and accepted for the child in their receiving program. -What was the family's reaction to the plan for services? -Were the services similar or different than what the 	<p>When going into the first meeting at the school, the mom was late. The SC checked in and the mom said she had to drive down the street to take deep breaths. The SC told her it was an opportunity to tell the school all the great things about their daughter</p> <p>"I can't thank you enough for being there". The SC said she answered questions from the school but the mom advocated. The mom said "You were right, it wasn't as a big deal"</p> <p>She was much calmer the at the next time. "I'm so thankful you were there"</p> <p>At the end- the conversations she had with the school were more second nature and she had more confidence. Her child got services, and she was happy things were going well.</p> <p>At first, she was given to come in 1xweek for 2 ½ hours to get all of her services</p>

<p><i>family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>(SLP, OT, teacher). Mom was ok because she was going to drop her off and then pick her up. After she turned 3 it didn't work out for that one day. She was offered 3days/week 11-2:30.</p> <p>The mom was happier because the child would be in the classroom with other children. She declined transportation. And scheduled outpatient services to work around the new schedule.</p> <p>2 ½ weeks between programs- it was because of the change in programs.</p> <p>Nothing formal from the agency. But the SC checked in after to see how things were going. The mom said "she's great, she loves it, she's talking so much now".</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>SC saw the child and family very frequently in the months leading up to the time the child turned 3. Seeing the child so often the school was given the best information and the mom was comfortable enough to share because we were in the home. The SC also knew the family for 2 years so knew how to work with the mom. The SC reassured her and told her she was proud.</p>

SERVICE COORDINATOR 10
FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)?</p>	<p>Low</p>
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(Low, Middle, High)	
How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)	Moderate
Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i>	Intensive Services with a diagnosis of ASD SLP 1 hour/week OT 1 hour/week 10 hours/week specialized instruction 1 hour/week teacher BCBA 1/month In B-3 just under a year
We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i> <i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i>	The B-3 team was involved in planning, the mom, (the dad was incarcerated during the time of services- which was a transition in itself), and the school Goal was to go to school- the family didn't leave the house much, but the act of getting on the bus and going to school was a goal. The mom would often say "when dad gets home we'll do it.." It was a lot of work with the mom to give her the information so she could share it with dad, but knowing that the dad wasn't coming home soon. Scheduled a transition meeting – and all timelines were adhered to. Invited the school to the transition meeting but the mom cancelled. The PPT1- this was a time when Medicaid took over paying so SCs were not paid to go to PPT meetings anymore. The mom had a lot of nerves and anxiety over the meeting by not having the SC go to the meeting with her. They were able to hold the PPT meeting over the phone with the SC at home in a 'session' because the mom didn't have transportation to get to the school. The PPT2 the mom went by herself and he was found eligible before his 3 rd birthday.

<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The options for the child (he had some words, he had some good play skills) so self contained was not a good fit. They were thinking of a 12-15 child classroom or a typical classroom. After the evaluations and eligibility he was given a classroom with 12 children.</p> <p>Parent expectations: they have an older child who is going to be 12 but she was typically developing and started in kindergarten, so this was the first time for the family. The family got a lot of questions from their family about why they were sending a child to school at 3.</p> <p>Factors: timing of the classroom (because the child sleeps late), bussing (needed transportation)</p> <p>Visits: the mom had an opportunity to visit but they didn't do the visit. Main reason was transportation and coordinating scheduling. They also have younger twin sisters- and dad was incarcerated.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The transition meeting was coordinated by the SC- the school initiated the PPT meetings and the B-3 team were not encouraged to go to the PPT meetings.</p>
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p>	<p>He was given the option to do the "diagnostic classroom"- so he went to the school 2 times a week for 3 weeks (on the bus) so he was observed and evaluated. The school contacted SC for information about evaluation and IFSP, and to talk about the relationship between the child and mom. The mom trusted the B-3 team and trusted that it was going to be ok for</p>

<p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>him to go to school. Showing the mom how far he has come with EI support, and how far the mom has come with her hard work and showing her that school was the next step.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p>	<p>Child- (from what we heard) the child has 2 little sisters so he loved going to the classroom where children were doing their own thing. He had a lot of trouble leaving (letting mom know that it's a good thing!) that he wants to stay and play. He was ready to be in the classroom and with other children. The bus was a bit of trouble at the beginning. The SC still gets to see him because they are working with the twin sisters now. They are able to remind the mom that it is good and showing progress.</p> <p>SLP, OT, and specialized instruction. 4xmonth and 6 hours a week of specialized instruction)</p> <p>The mom was ok with the services- and from their point of view was that they just wanted him to go to school. They saw he was going to school.</p> <p>He was offered to go on his 3rd birthday, but unfortunately he got sick so couldn't start until he was better.</p> <p>Nothing formal from the agency.</p>

<p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>To the SC- he loves school. He asks to go to school when there is no school. His language has progressed drastically- the mom sees the progress so she is happy he is doing well (talking in sentences). SC is happy to be in the home to help point it out to the mom.</p> <p>The dad has come back into the picture recently and he sees a huge difference compared to 8 months ago.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>B-3 was in the home frequently but the big difference was that they had to coach as much as possible, but we weren't able to be physically present in the meetings to support her. They asked about meetings but the mom was anxious about going to school and overlooked a lot of details- she didn't know what services were being delivered. She was overwhelmed more by him getting on a bus and going to school, so she overlooked a lot of details. She was getting overloaded with questions from the school and then from B-3 about what happened.</p>

SERVICE COORDINATOR 11
FAMILY 1

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations</p>	<p>Middle</p>
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<p>(such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	
<p>How would you describe the child's severity of developmental delay at the time of transition? (Mild, Moderate, Severe)</p>	Mild
<p>Tell me about the types of services the child was receiving in your Part C program. <i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as 'the mom', 'the dad', 'the occupational therapist' etc.)</i> <i>-How often was the child receiving services?</i></p>	<p>Direct (DTA) for purpose of IFSP from ABA therapist</p> <p>7x 1.5 hour sessions a week BCaBA 1 x week 1 hour OT 1xweek 1 hour SLP 1x week 1 hour</p> <p>The child came in at 16 months- so was with this agency for over a year and a half. They were receiving services from another agency before the ASD Dx</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning. <i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i> <i>-When was the meeting for this child and family held to develop the transition plan?</i> <i>-Tell me about the timelines that you followed for planning</i> <i>-What was discussed during the planning to lead to decisions?</i> <i>-What guided the decisions about what was included in the transition plan?</i> <i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Service Coordinator planning it with the family- using the general timeline of the transition conference 3 months before the child's 3rd birthday.</p> <p>This particular district honors the transition meeting as a birth-3 meeting and a school district representative comes to the home. The district asks for anything specific from the birth-3 team.</p> <p>Eligibility PPT at the school, using the ASD checklist using both Birth-3 information and their own testing (about 2 months before the 3rd birthday). He was found eligible.</p> <p>1 month before birthday had the PPT for IEP.</p> <p>The parents were pretty easy going, so the transition was an on-going discussion and what the transition was going to look like.</p> <p>The parents asked a lot of questions and they went in prepared. They had a daughter that was older who was already in</p>

	the school, so that helped the parents know about the environment.
<p><i>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</i></p> <p><i>-How did the parents know about their options (if they had any)?</i></p> <p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>Generally only refer to the LEA, if they are looking for a private school is up to the parents. Birth-3 can't refer to other programs.</p> <p>This district only had 1 option in their school.</p> <p>Parent expectations were based on a lot of on-going conversations. They were stressed about the abrupt change between a high level of service and part of the home for so long in birth-3, but they were worried about getting the same level in school.</p> <p>There was not a lot of questions from the school, so the family felt confident going into the meeting to articulate what their son needed.</p> <p>The service coordinator has been working with this district for 10 years, and has developed a relationship with the district and knew what to expect and how to communicate that to the parents.</p> <p>The parents visited to see the child in the classroom in the school (coordinated by the school) before the eligibility PPT.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p> <p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	<p>The timelines were followed as it was written. It was pretty exact based on the child's birthday.</p>
Thinking about the transition plan and implementation, I want to know more	<p>This district is open with communication. Their special education teacher was present</p>

<p>about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>to meetings (including the transition meeting at the home). They shared information through email and phone, but they were open of what they needed. They kept the family on the email chain between the school and Part C team so everyone was on the same page.</p> <p>Information shared were reports through mail. But emails were used for confirmation of dates and times and what else to bring to meetings.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p> <p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p>	<p>The family was very pleased – their concern was around communication and social and behavioral concerns.</p> <p>Child received: SLP- 2x week (1/2 hour each) OT- consultation for evaluation Half day program (mornings) BCBA- consultation as needed</p> <p>The parents had questions about not having a BCBA on the team in the school (since they had one in birth-3 since he had behavior concerns). The school made an effort to connect with them prior to the birthday.</p> <p>No laps in services. He ended on a Friday and started preschool after the weekend.</p>

<p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>The mom and service coordinator has a strong relationship (the child had the same exact team for the entirety of his birth-3 experience). The mom shared pictures and updates that things were going smoothly and he was adjusting as expected.</p> <p>This transition went well because they lived in a supportive and evolved town/district. The transition team was dedicated to making it smooth. There was open communication with the family and planning for the transition was as easy as it can be. The openness to services on both sides was helpful. But the communication was the key to success for this family.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>The parents were even in the middle of a separation, but even through all of it we were able to maintain the communication. And maintaining the same level of communication was helpful.</p>

SERVICE COORDINATOR 11
FAMILY 2

<p>How would you describe the family's socio-economic status based on their ability to meet basic financial obligations (such as rent or mortgage, food/meals, etc)? (Low, Middle, High)</p>	<p>Low</p>
<p>How would you describe the child's severity of developmental delay at the time of transition?</p>	<p>Mild</p>

(Mild, Moderate, Severe)	
<p>Tell me about the types of services the child was receiving in your Part C program.</p> <p><i>-Who was involved in providing the services? (Remember, please do not share specific or identifiable information. Limit your responses to the roles of each person, such as ‘the mom’, ‘the dad’, ‘the occupational therapist’ etc.)</i></p> <p><i>-How often was the child receiving services?</i></p>	<p>4 ABA sessions each week (1.5 hours) BCaBA- 2x month (1 hour) OT- 2x month (1 hour)</p> <p>Was in the program about 11 months before turning 3. Was in another program for about 6 months before transitioning to the ASD programming.</p>
<p>We are first going to talk about the planning of the transition. Tell me about what was on the transition plan that was developed and who was involved in the planning.</p> <p><i>-Describe what was included in the transition plan for this child (i.e. activities or goals identified)</i></p> <p><i>-When was the meeting for this child and family held to develop the transition plan?</i></p> <p><i>-Tell me about the timelines that you followed for planning</i></p> <p><i>-What was discussed during the planning to lead to decisions?</i></p> <p><i>-What guided the decisions about what was included in the transition plan?</i></p> <p><i>-Who was the primary contact or lead of the team in planning for transition?(Remember, I do not need specific names, but instead roles)</i></p>	<p>Service coordinator and the family followed the basic timeline of meeting with the LEA 3 months prior. Eligibility PPT about 2 months. It went as planned.</p> <p>This family was determined to get their child a full day preschool program-regardless of district and need.</p> <p>The mom wanted the child out of the home as much as possible. The mom worked as a bus/van driver for a school, she started putting him into a home daycare for a full day, but the mom didn’t explain why.</p>
<p>Tell me about the receiving program options that were available for this child and family, and how it was decided where the child would go after birth-3.</p> <p><i>-How did the parents know about their options (if they had any)?</i></p>	<p>This district makes it clear that they do not have a preschool program that is full time for 3 year olds. If a family wants preschool program for full day, the family needs to find a community program on their own, and the district would deliver services at the community program.</p>

<p><i>-What were the parent expectations and how did you provide support to them?</i></p> <p><i>-What type of resources did you provide to manage expectations?</i></p> <p><i>-What factors were considered by the parents when making a decision about the receiving program?</i></p> <p><i>-Tell me about any visits the parents had to program options (who arranged the visit, did the parents attend, what information did they report based on visits?)</i></p>	<p>The service coordinator talked with the mom about what would happen when/if the child did not qualify for services since the district does not offer a full time program. The LEA came to the transition meeting in the home, and gave information about preschool programs in the area.</p> <p>At the time of transition, there was no preschool program in place. He was offered 1-hour speech and 2 hours of special education, but they were going to offer services in a preschool program in the community.</p> <p>Even though conversations had happened about the community preschools and reminders to call the programs, the mom was expecting someone to do it for her.</p> <p>At the PPT meeting the mom was surprised he did not have a full day program option in the school- but that he would only go one day a week for the services. They were going to have to create another room/group since their school was at capacity and they would let her know when/where it would happen.</p> <p>This has happened in this district before, so if the mom wasn't persistent the child was going to have to be re-evaluated in the fall.</p> <p>The mom told the service coordinator it wasn't her job to get the IEP, that it was on the school.</p>
<p>Thinking about the transition plan that you described, tell me about how the plan was implemented with this child and family.</p> <p><i>-Who was involved in implementing the transition plan and what was each person's role? (Remember, no identifiable information should be shared)</i></p>	<p>The timelines for meetings were followed, but there was a lack of follow through from the mom on identifying preschool programs and enrolling her son. The mom shared with the team that she did not think hers on was smart, and it was the responsibility of the school to figure out where he should be going.</p>

<p><i>-How closely did implementation follow what was written in the transition plan?</i></p>	
<p>Thinking about the transition plan and implementation, I want to know more about the transition experience for the child and family. Tell me about the child and family's experience during the transition.</p> <p><i>-What happened for the child during the transition?</i></p> <p><i>-What happened for the family during the transition?</i></p> <p><i>-What did the Part C and receiving program staff do during the transition?</i></p> <p><i>-In what ways did the Part C and receiving program staff communicate during the transition?</i></p> <p><i>-What type of information was shared between the Part C program and receiving program?</i></p> <p><i>-How was information shared across programs?</i></p> <p><i>-In what ways did the Part C and receiving program staff collaborate during the transition?</i></p>	<p>The last meeting was 2 weeks before his 3rd birthday. The service coordinator and one of the ABA therapists and the OT and SLP were all service coordinators, so each of them tried to follow up with the mom. As far as known, the mom did not find a program.</p>
<p>Thinking about the implementation of the transition plan, how would you describe the outcomes that occurred for the child and family?</p> <p><i>-How was the child during the transition?</i></p> <p><i>-What was the child's reactions to the activities implemented during the transition?</i></p> <p><i>-How was the family during the transition?</i></p> <p><i>-What was the family's response or reaction during the transition?</i></p> <p><i>-What did they say?</i></p>	<p>The child was a happy child and made a lot of progress. It was difficult because the mom focused on the negatives and had a hard time focusing on the progress. The mom was more worried about getting him into preschool and with all of the resources provided the mom felt it was not her job to find a program.</p> <p>The mom shared that she did not think her child was smart and had a difficult time seeing the progress that was made.</p> <p>The home daycare was not licensed, it was a neighbor who did not have toys or</p>

<p><i>-What did they do?</i></p> <p><i>-Tell me what type of services were offered and accepted for the child in their receiving program.</i></p> <p><i>-What was the family's reaction to the plan for services?</i></p> <p><i>-Were the services similar or different than what the family experienced in Part C?</i></p> <p><i>-What was the family's reaction to similarities/differences?</i></p> <p><i>-How long was it between the child turning 3 (ending Part C) and beginning in their receiving program?</i></p> <p><i>-If there was a lag time, what did the child and family do during the lag time?</i></p> <p><i>-Who helped figure out ways to fill this time before the child began in his/her receiving program?</i></p> <p><i>-What information, if any, was collected from the family after the transition by your agency (such as a parent exit survey)? (Remember, please do not give any identifiable information about the child or family in your response)</i></p>	<p>resources, so the child watched TV all day unless the providers were there. The child was engaged in play and was motivated to learn and play, but had a lack of opportunities to do so.</p> <p>The school offered 2 hours of special education services and 1 hour of speech to be delivered in a resource room at the school, or could be provided at a community based preschool program.</p> <p>The mom was upset and shocked by this and that he was not going to get a full day program.</p> <p>The service coordinator shared that she had 6 conversations with the mom about the district programs, and how they don't have options for full day for 3 years old. She also shared that the school district representative shared with the mom a resource handbook the district has available with community based options in the area, and that services can be provided there.</p> <p>The service coordinator shared that the mom took the handbook 3 times, but never made the calls to the preschools to enroll him.</p> <p>She accepted the services to be delivered in the resources room, and then the school shared that they needed to create a new one- so they would be in touch about when to start. This was 2 weeks before the 3rd birthday, and to the service coordinator's knowledge the child never started the program.</p>
<p>What other information, if any, do you feel is important for the child and family's transition experiences that we haven't talked about yet?</p>	<p>Communication was difficult with the mom during services, and over the course of the 11 months the team was seeing the child in the daycare setting. There was one session a week at home, but there were a lot of cancellations of visits. The mom wanted the child out of the house during the week.</p>

	<p>The lack of communication across everyone was the influence of why this didn't go well- mostly communication with the parent. And then also the lack of options with the school district, their hands are tied with policies and funding.</p>
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Appendix F

Categorization and Theming Data

SUCCESSFUL TRANSITION OUTCOMES

Outcome 1: The child had a continuity of services between Part C and Part B 619			
Child was eligible and received programming	Comparable services between C and 619	No Lag in Service Delivery	Short Lag in Service Delivery with plans
The child ended up in a 4 day-half day- integrated preschool program.	The child received more services in Part B 619 than he had in Part C	It was the same week when the child turned 3 and started in his new preschool program	The gap was summer vacation and the parents planned to take him to the beach.
The child was offered (and received a complete follow through of Part C)	The services were more frequent than what the family was receiving in Part C.	The child started the day after his 3rd birthday.	There was one week in between turning 3 and starting the preschool program & spent the week with his grandmother
The child was determined eligible and received a 4 day half day program	The services were comparable to what they were getting in birth-3.	The child turned 3 on a Saturday, and she started school on that Monday. There was no delay in receiving services.	The child was offered to start school at his 3 rd birthday, but he ended up having surgery, and his recovery went into the start of school- so started a week after.

During the PPT meeting the child qualified for services in an integrated classroom		There was not lapse in services (child turned 3 on a Friday and began school on Monday)	The child turned 3 at the end of August, and started school 3 weeks later. The family decided to use this time to go on vacation and enjoy summer.
The family said they were pleased that she would be getting services and a placement.		There was no time in between services starting, he started on his 3rd birthday	There was 2 ½ weeks in between turning 3 and starting preschool so the family went on vacation
The family was very happy about the outcome of their child being eligible for services		He started the day after his 3rd birthday	

Outcome 2: The family reported being happy with the Part B 619 program offered
The mom was very pleased and very happy with what was offered.
The parents were happy with the program offered
The family was happy that the IEP services were comparable with discipline to their IFSP.
The family said the program matched what they wanted.
The parents were happy with what was offered
The parents were happy with what was offered and with the program.
The family was very pleased, there was no rebuttal or discussion of more or less therapy, additional supports or accommodations.
The family was very pleased with the services
The family said they are very happy with the program
The family was very positive and happy with what they received
The family was very pleased with the program they were offered
This family was comfortable with their decision to place the child in the school system.

The family shared that they like the program and teachers
The mom was happier because the child would be in the classroom with other children

Outcome 3: Program/Service expectations matched what was received
The child ended up in a program that the service coordinator (and parents) feel like met his needs
This transition went well because everything the family wanted and what the child needed was received
The school offered exactly what the parents wanted

Outcome 4: Child had positive responses to transition activities	
The child was fine, he didn't attend the first meeting but the evaluation and assessment at the school was fine.	Parents were happy with child response to transition-related activities
The child is a laidback kind of child, okay with everything so was fine with transition	It made the parents happy to see their child happy in the classroom.
The mom shared with the service coordinator that things in school were going smoothly and he was adjusting as expected	The parents shared they were thrilled with how well he adapted and the transition in the school.
	The mom shared that the child was loving the program and "talking so much now!"

Outcome 5: The family was prepared for the transition process (i.e. meetings at the school)			
The parents were able to advocate for what they wanted	Family was confident	Family knew their child strengths and challenges	The family was prepared
The mom shared she has the skills to advocate for her child	The family felt confident that he would qualify for services after the evaluation the school.	The family knew their child's strengths and child's challenges	The mom was prepared for the difference (knowing he would get more direct service in school).
The service coordinator helped answer questions from the school but the mom advocated.	The family felt confident going into the process, and knowing what the results were going to be.		The mom felt prepared to go to the transition meeting with the school

	The mom felt confident in going into the transition meetings		The parents were prepared for the meetings.
	At the end- the conversations she had with the school were more second nature and she had more confidence.		The parents were aware of what was happening next so they were prepared at each step.
	The family felt confident that he would qualify for services after the evaluation at the school		The mom felt prepared to share information about her child.
			The parents felt positive and they knew what to do at every step of the way.

UNSUCCESSFUL TRANSITION OUTCOMES

Outcome 1: There was not a program planned for after the child turned 3 years old	
Eligibility undetermined by age 3	Child not eligible for services
At the time the child turned 3, the mom was waiting to see the results of eligibility.	The outcome was really different than what was expected. The parent expected to be determined eligible.
The PPT still hasn't been rescheduled and the child has already turned 3 a few weeks ago.	It was a shock to the parents that the child was not determined eligible for any services.
	The mom wanted him to go to school but he wasn't offered a place at school
	If the parents had not applied and been accepted to the magnet school, he would still be in the daycare center

Outcome 2: Lapse in service delivery between Part C and PartB619	
Gap in services	
There was going to be a lag in therapy services because the evaluation to determine eligibility was rescheduled after the child turned 3 years old.	
The child turned 3 without being enrolled in the program and the mom was still waiting for the meeting to be scheduled	
The child has not started services.	
The mom accepted services 2 weeks before the 3 rd birthday, but the school said they were creating a new resource room so it was unknown when he would be able to start.	
He was offered to go on his 3rd birthday, but unfortunately got sick so couldn't start until he was better	

Outcome 3: Family unhappy with the difference in what they expected for programs and what was offered		
Services were different than what parents wanted	Lack of options from school	Parents had to fight for programming
The services didn't match what they [the parents] wanted	The school told the family their only program option	The school ended up taking the child, but it was a battle with the school- with the

		parents having to negotiate and plead their case.
The mom was unhappy with the amount of services, they felt their child needed more than what was offered.	The mom wanted a full day program but was only offered half day	The family was upset about having to 'fight' for the services that they thought he should have.
The mom was upset and shocked by this and that he was not going to get a full day program.	There were major discrepancies between what the family wanted and what the school was offering	The mom had to go into the school and stand in the office and told the school that she needed a date scheduled that day or would turn it over to a lawyer- the school scheduled the evaluation.
The family questioned the amount of time and quantity compared to their experience in Part C.		The mom ultimately didn't sign the IEP and requested another meeting
The expectation was that the child would qualify for services from the school district because the child had intensive services in birth-3, so they thought it would be an automatic to receive services in preschool		The family was not happy with the program options
The parents were expecting the same services in birth-3 in the preschool program		The parents were upset that the school was not providing more options
The mom wanted a full day program but was only offered half day		The mom seemed upset, as if the child wasn't getting what he needed
The mom wanted the child in at least 4 or 5 days a week, she feels that if she's only in for 2 days a week it wasn't enough.		The mom was not happy with the program at all
The mom wanted more speech and more carry over and consult from the team		

within the classroom, but got pull out services instead		
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Outcome 4: Lack of communication between the preschool program and the parents		
The family didn't know about their school assignment until the day before school started		
The family was frustrated with the lack of communication from the school leading up to the start of school		
The teacher didn't know the child was starting in her classroom when the family showed up to drop him off on the first day		
The school agreed to do an observation of the child at her Early Head Start program but didn't follow through		

Outcome 5: Parents accepted program offered so their child could be in school and still receive some level of service	
Parents accepted placement option provided	Services started right away
The family ultimately decided to accept services but they are also supplementing with additional services at home through their insurance (ABA therapy)	The child's birthday was on Thanksgiving, so he started the following Monday (starting the next available school day).
The mom is ultimately happy that he is just in school and getting something	The child started school on his 3 rd birthday
The mom was ok with the services- and from their point of view was that they just wanted him to go to school. They saw he was going to school.	

SUCCESSFUL TRANSITION PRACTICES

FAMILY LEVEL PRACTICES

Practice 1:Service Coordinators Prepared families using discussions and practice dialogs	
SC helped families prepare for the school transition meetings	Family articulating goals for their child
There was practice dialog to prepare the mom.	Conversations with the mom were focused on articulating her concerns with his behaviors and why she thought behaviors were occurring.
The service coordinator had conversations with the parents about what to expect at the initial PPT meeting with the school and eligibility	As the service coordinator, there was a lot of conversation with the parents about assessments and preparing to articulate areas that they wanted to work on.
The service coordinator discussed the specific school district since not all districts are the same on how they do transition.	The service coordinator helped to guide them [the parents] in how to articulate their wants and needs in the meetings.
The service coordinator explained the difference between Part C services and school services	Helping to identify realistic expectations and work through advocating through her options and what she wanted for their child.
The service coordinator shared as much information as possible about different scenarios to expect going into the transition process.	The service coordinator spoke with the parents a lot and guided them on how to plan for the PPT and dictate the goals and priorities
The service coordinator also told the parents what to expect in the meeting in the district, including the different professionals that might be in the room.	
The service coordinator reported that she felt they helped to prepare the family for what to expect at the transition meeting	
The SC discussed the difference between birth-3 and preschool eligibility	
The service coordinator spoke with the parents a lot and guided them on how to plan for the PPT and dictate the goals and priorities	

Practice 2: Service Coordinators provided resources about program options (communicated options)
SC provided resources about program options
The service coordinator provided resources and helped the parents look into program options in their community.
Talked about other options incase he wasn't eligible for 619 (i.e. PreK classrooms, daycares).
The service coordinator had a lot of discussions with the parents about options other than preschool special education
Part of the transition plan included applying to magnet schools.
The service coordinator helped them find websites
Different options were presented to explore, such as community-based programs, looking into what their insurance would cover, public preschool options in their town.
The SC provided them with magnet school lottery information which was also put on the transition plan.
SC gave information about other schools in the area.
The SC showed a list of options in the area.
The family was provided information from the service coordinator about community based programs.
The service coordinator shared information about the programs, as well as other options in the community.
The family was given information about the CPAC training
The service coordinator shared with the parents that they could call with special educator at the school with any questions
The service coordinator has reached out to share resources about transition and parental rights

Practice 3: Service Coordinators facilitated visits to programs
The service coordinator helped to set up a tour of the school and classroom before the PPT meeting happened
The service coordinator helped her set up visits to the school so she could get her questions answered before the final PPT meeting
The service coordinator helped them schedule tours
The family made visits at the school to ease the anxiety for the child and the parents.
The SC helped the family visited several town preschool programs so they could see the differences between the programs.
The mom wanted to do a visit to the school, so the service coordinator helped arrange the meetings for the child and the visits to the school with the director of services.
The family and service coordinator also did visits to the school and took pictures of the school, the buses, the playground, and areas of the school to make a social story to prepare to go to school.
The parents visited to see the child in the classroom in the school (coordinated by the school) before the eligibility PPT.

They [the parents] did a visit after the home transition meeting and decided that it was where they wanted to send their child to school.

Practice 4: Service Coordinator Followed up after transition occurred
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The service coordinator checked in to follow up

The service coordinator informally checked in with the family to follow up after the transition.
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The service coordinator has texted with the mom to follow up after he started school
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The service coordinator talked to the mom after he turned 3 about the first day of school information

The SC checked in after to see how things were going. The mom said “she’s great, she loves it, she’s talking so much now”.
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SYSTEM LEVEL PRACTICES

Practice 5: Service Coordinator facilitated system to system communication (Part C to 619)		
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The Part C Service Coordinator and school personnel communicated mostly through email to exchange information (assessments and reports) and to schedule the meeting	The Service coordinator invited the director of early childhood for the district to the transition meeting- she came and met with the family and birth-3 team to discuss the transition into school, which was helpful for the parents to get questions answered.	Service coordinator has relationships with district personnel
The service coordinator made sure that the school knew that they needed to schedule at least a month out so the family could work with their schedule.	The service coordinator invited the LEA into the home for the transition meeting to answer questions about options for preschool.	The service coordinator has been working in the field for a long time, and has developed relationships across the different teams in the districts.
The SC called the school to find out if they had received the referral form	The OT from the school also talked to the service coordinator (who is an OT as well) before the transition meeting	The service coordinator has been working with this district for 10 years, and has developed a relationship with the district

The service coordinator fax or securely emailed reports and the service coordinator spoke to the SLP liaison at the school over the phone.	The communication to set up transition meeting and share paperwork went through the service coordinator and school, with the mom included on everything	
Most of the communication happened by email from the service coordinator.		
Information shared were reports through mail. But emails were used for confirmation of dates and times and what else to bring to meetings.		

Practice 6: Services from Part C overlapped with school program
There was overlap in birth-3 and school
The district also allowed the birth-3 team to work with the child and family in the school the weeks leading up to his 3 rd birthday.
The school also allowed the birth-3 team to have a few sessions leading up to the transition at the school playground.

UNSUCCESSFUL TRANSITION PRACTICES

COMMUNICATION

Practice 1: Communication did not occur across all 3 stakeholders together		
Service Coordinator & School	Parent and Service Coordinator	School & Parent
Communication happened between the service coordinator and school secretary to set up meetings and evaluation dates	There was discussion about early head start options and school readiness programs.	The transition coordinator shared about some programs they had. Including "Ready Set Go" programs and public school options
The service coordinator was the lead for the transition and communicating with the school district. The service coordinator has a good relationship and communication with the school district personnel	Discussions and planning involved with the family were based on what they wanted the program to look like for their child, and what they wanted to get from the school district	The transition coordinator from the LEA came to the transition meeting at the home to help answer questions and discuss program options, including those outside of 619
The service coordinator was the lead for the transition and communicating with the school district	The parents went on their own visits. The service coordinator did not go, but they talked about what they saw/observed	
The service coordinator helped try to find out from the school who they had that was able to do sign at the school and what their plan is for communication goals for children who are non-verbal	The service coordinator talked with the mom about what would happen when/if the child did not qualify for services since the district does not offer a full time program	
The service coordinator emailed back and forth with district personnel	The service coordinator had discussions with the parents about how to articulate their reasoning for not wanting to use the PECs program incase that is what the school offered to support the child's communication	

	The service coordinator had the family talk to their medical specialists to get their input on what they think would be best for the child	
	The service coordinator had conversations with them that program options are different and they [the parents] need to go by what is best for their child- which is different than the needs of their nephew (was 2-years older in special education with different needs).	

FAMILY LEVEL PRACTICES

Practice 2: Service coordinator did not prepare families
Sc did not prepare families
The SC tried to prepare the family about how eligibility is different in the school and there is not automatic eligibility. It depends on the results of the evaluation
Conversations about program options happened, but the mom was expecting someone to figure it out for her
The mom told the service coordinator it wasn't her [the mom's\ job to get the IEP, that it was on the school so she would just wait to hear from them
The service coordinator thought and told the parents he would be automatically eligible for preschool special education based on his diagnosis, but he wasn't
As the service coordinator "I gave her false hope" leading her to believe he would definitely be eligible for preschool programming
Even though conversations had happened about the community preschool options and reminders to call the programs, the mom was expecting someone to do it for her

Practice 3: Multiple options were not provided

The service coordinator had a representative from the LEA come to the home and explain that they don't have full day programs for 3-year olds
The first initial transition meeting, a school representative came to the home to explain the transition process and next steps from birth-3, but the parents wanted more options from the school
The service coordinator felt her hands were tied because he wasn't eligible for preschool special education. So she was trying to ease the anxiety of the parents of where he would go when he turned 3

Practice 4: Service Coordinator referred parents to outside/legal resource
The service coordinator reminded the parents to read their rights, and hire an advocate
The service coordinator referred the mom to CPAC (Connecticut Parent Advocacy Council)

Practice 5: Visits to programs were not facilitated
The parents and service coordinator asked if the parents could visit the school and see program options and the school said no
The district does not allow visits to the school before the child is determined eligible
The mom didn't do specific visits for the child because the service coordinator said the mom was already familiar with the school because her older child was in the school

Practice 6: Family barriers to access resources
There were visits offered to go to the school but the mom did not have transportation to get there
The transition meeting was held at the time when Medicaid billing was changed so the service coordinator did not go to the transition meeting
The service coordinator told the parents that this particular district only does meetings at the school, and are not willing to come to the home for a meeting
The SC provided the information about the lottery for the magnet schools, starting at 3. The SC also talked about other preschool options, but cost was an issue for this family. The mom felt like she did not have any affordable options

SYSTEM LEVEL PRACTICES

Practice 7: School did not follow through on timelines or provide information
The school district provided the reports of evaluation the night before the meeting

The service coordinator tried to schedule a meeting with the school 4 months before the child turning 3. The school district changed the date of the meeting 2 or 3 times without letting the birth-3 team know of the early head start teacher know the date change, only the mom and it was last minute. The meeting ended up happening one month before the child turned 3
The school would not share information before the was determined eligible, so some information was difficult to get
The assessment process was done with the school- and the service coordinator was not involved in this process, it was the parents and the school district
The service coordinator had a school representative call into a team meeting about 6 or 7 months before the child turned 3 so the family knew what school options were available, but the school could not give answers since he wasn't determined eligible yet

Appendix G

Pattern Matching Code Tables

REPORTED SUCCESSFUL TRANSITIONS n=11

S-Collaboration Outcome 1		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COLLABORATION	Consistent	10	0	0
	Neither inconsistent nor consistent	1	0	
	Inconsistent	0	0	0

S-Collaboration Outcome 2		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COLLABORATION	Consistent	9	1	0
	Neither inconsistent nor consistent	0	1	0
	Inconsistent	0	0	0

S-Collaboration Outcome 3		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COLLABORATION	Consistent	9	0	0
	Neither inconsistent nor consistent	2	0	0
	Inconsistent	0	0	0

S-Communication Outcome 1		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COMMUNICATION	Consistent	9	0	0
	Neither inconsistent nor consistent	2	0	0
	Inconsistent	0	0	0

S-Communication Outcome 2		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COMMUNICATION	Consistent	8	1	0
	Neither inconsistent nor consistent	1	1	0
	Inconsistent	0	0	0

S-Communication Outcome 3		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice COMMUNICATION	Consistent	9	0	0
	Neither inconsistent nor consistent	2	0	0
	Inconsistent	0	0	0

REPORTED UNSUCCESSFUL TRANSITIONS n=11

U-Collaboration Outcome 1		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COLLABORATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	0	8
	Inconsistent	0	1	2

U-Collaboration Outcome 2		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COLLABORATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	1	8
	Inconsistent	0	1	1

U-Collaboration Outcome 3		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COLLABORATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	2	7
	Inconsistent	0	1	1

REPORTED UNSUCCESSFUL TRANSITIONS n=11

U-Communication Outcome 1		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COMMUNICATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	0	5
	Inconsistent	0	4	2

U-Communication Outcome 2		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COMMUNICATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	2	7
	Inconsistent	0	1	1

U-Communication Outcome 3		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Family-centered Practice Scores COMMUNICATION	Consistent	0	0	0
	Neither inconsistent nor consistent	0	0	9
	Inconsistent	0	1	1

TRANSITION ALL FAMILIES

OUTCOME 1 COLLABORATION

N=22 Collaboration		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice	Consistent	10	0	0
Collaboration	Neither inconsistent nor consistent	1	0	8
	Inconsistent	0	1	2

OUTCOME 2 COLLABORATION

N=22 Collaboration		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice	Consistent	9	1	0
Collaboration	Neither inconsistent nor consistent	0	2	8
	Inconsistent	0	1	1

OUTCOME 3 COLLABORATION

N=22 Collaboration		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice	Consistent	9	0	0
Collaboration	Neither inconsistent nor consistent	2	2	7
	Inconsistent	0	1	1

OUTCOME 1 COMMUNICATION

N=22 Communication		Outcome 1: Continuity of Services		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice Communication	Consistent	9	0	0
	Neither inconsistent nor consistent	2	0	5
	Inconsistent	0	4	2

OUTCOME 2 COMMUNICATION

N=22 Communication		Outcome 2: Families Prepared for Transition		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice Communication	Consistent	8	1	0
	Neither inconsistent nor consistent	1	7	3
	Inconsistent	0	1	1

OUTCOME 3 COMMUNICATION

N=22 Communication		Outcome 3: Families report being happy		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practice Communication	Consistent	9	0	0
	Neither inconsistent nor consistent	2	3	6
	Inconsistent	0	1	1

MASTER TABLES

SUCCESSFUL TRANSITIONS		Outcomes		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practices	Consistent	54	2	0
	Neither inconsistent nor consistent	6	2	0
	Inconsistent	0	0	0

UNSUCCESSFUL TRANSITIONS		Outcomes		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practices	Consistent	0	0	0
	Neither inconsistent nor consistent	0	5	44
	Inconsistent	0	9	8

TOTAL		Outcomes		
		Successful/ Positive	Neither successful nor unsuccessful	Unsuccessful/ Negative
Practices	Consistent	54	2	0
	Neither inconsistent nor consistent	6	7	44
	Inconsistent	0	9	8